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STATE DOCUMENTS

# MONTANA STATE PLAN

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## ALCOHOL ABUSE AND ALCOHOLISM PREVENTION, TREATMENT AND REHABILITATION

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FISCAL YEAR 1974

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T H E M O N T A N A S T A T E P L A N

For

ALCOHOL ABUSE AND ALCOHOLISM  
PREVENTION, TREATMENT, AND REHABILITATION  
FISCAL YEAR 1974

Thomas L. Judge, Governor

Compiled and Submitted By  
THE MONTANA DEPARTMENT OF HEALTH  
AND ENVIRONMENTAL SCIENCES

Legislative Authority: P.L. 91-616  
Catalog of Federal Domestic Assistance No. 13-257  
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## INTRODUCTION

This 1974 State Plan for Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation is being submitted to insure continuity in planning and programming and to qualify the State of Montana for participation in the formula grant program authorized by P.L. 91-616.

This is the third plan that has been developed and submitted and reflects the continued thinking that has been an important part of this planning process. The first of these plans provided for direct grants-in-aid to the Montana programs serving the needs of the alcoholic, the alcohol abuser and the families involved. The second plan substantially improved the quality of local input through the utilization of the Comprehensive Health Planning Councils and the Montana Indian Commission on Alcohol and Drug Abuse. These regional planning groups were able to render objective assessments of the over-all alcoholism programming needs in their respective communities.

This cooperation between the state agency and the regional planning groups has proven to be a viable strategy and is being continued and strengthened in this FY '74 state plan.

The first two state plans were approved and funded near the end of the fiscal years for which they were written. This third state plan will probably be approved and funded at about the same point in the fiscal year. It is our hope that the FY '75 plan will be a viable document at the beginning of that fiscal year. This advancement of the planning cycle will substantially enhance the outcomes from these planning efforts.

Twenty years ago the 33rd Montana Legislative Assembly commissioned a task force to study the problem of alcoholism and to make recommendations for action that would, at least, help resolve the associated problems.

This task force did a significant study and suggested a number of action steps, the text of which follows. Their astute and critical thinking included the concept of alcoholism as an illness and not a crime, alcoholism as a public health problem, and alcoholism as a problem that should be of great concern to each local community.

The alcoholism planners of today have, via a different route, arrived at the same point and have suggested the same action steps. These contemporary planners have expressed considerable regret that the wisdom of the earlier planners was never implemented. If these

earlier suggestions had been followed, the current alcoholism programming in Montana would be significantly more advanced than it is at this time. The impact is clear. Valuable time has been spent with little evidence of results. And at the same time, the problem has grown larger and has encompassed a greater segment of the Montana population.

It is our hope, with this and future plans, to provide a guide for the development and implementation of meaningful programs that will have the capacity to serve the needs of the alcoholics, alcohol abusers and their families. These programs must be tailored to meet local community needs and implemented with local resources.



The 33rd Legislative Assembly (1953) adopted a Joint Resolution regarding extended study of the problem of alcoholism in Montana by the State Board of Health. A brief digest of that resolution follows: 1) recognizes the attempts of the State Board of Health to study alcoholism in Montana, and the problems incident to treatment, rehabilitation and education in this field. 2) Encourages the State Board of Health to continue the study of alcoholism in Montana, with the aid of a citizens advisory committee or others. 3) Directs that the State Board of Health report its findings and recommendations to the Thirty-fourth Legislative Assembly.

On October 28, 1954, the report of findings and recommendations of that study were transmitted to the Board of Health. The Chairman of the Advisory Committee that conducted the study was the Honorable W.W. Lessley, District Judge, Bozeman. The full report was transmitted to the legislature on October 28, 1954. The following is a summary of the report:

#### FINDINGS OF THE ADVISORY COMMITTEE

The work of each of the subcommittees, in gathering facts, in discussion, and in study concerning "Alcoholism in Montana," was independent of the work of the other subcommittees. It is, therefore, remarkable that in the reports of the subcommittees there are many duplications of findings or conclusions, and several identical recommendations. A complete report of each subcommittee is found in Appendix D,E,F, & G. Herewith is a summary of the findings, with explanations where appropriate:

#### Alcoholism--An Illness

Alcoholism is an illness, or it is a symptom of an illness. It exists in an individual when alcohol has become a problem in his life. Such a victim of uncontrollable drinking is a sick person.

There are many theories, but few facts are actually known concerning the causative factors of alcoholism. Nevertheless, under appropriate conditions, many alcoholics will respond to treatment, and can be returned to happy and useful living.

#### A Public Health Problem

Alcoholism is recognized as one of the four major public health problems. As with other illnesses, its control can be accomplished only by coordinated efforts of everyone working in

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the fields of 1) treatment of the sick individuals, 2) prevention through public understanding and information, and 3) protection of society through law enforcement, when necessary. As with other health problems, successful control of alcoholism will require substitution of factual information for superstition and emotion.

### Responsibilities of Society

The efforts and expenses of restoration of an alcoholic to sober, useful, productive living, should be shared by the patient and society. Society has a responsibility to aid the alcoholic in his attempt to gain control of his illness, and the alcoholic has a right to expect understanding and encouragement from society. However success in treatment will require a conscientious determined effort by the alcoholic. The alcoholic must accept responsibility for his own behavior toward society.

Understanding, patience, and willingness to help by the general public, are essential to successful treatment and rehabilitation of the alcoholic. Such understanding can help in prevention of alcoholism, and can, in some cases, encourage early treatment of the illness. The alcoholic needs understanding and encouragement rather than condemnation and disdain.

### Treatment and Rehabilitation

Treatment of Alcoholism must be considered as a continuing process. It includes Public Information, Preliminary Counselling, Hospital Care (if needed), Outpatient Service, Terminal Counselling, and a continuing Follow-up. A program to control alcoholism must provide for the coordination of all these services through competent over-all direction.

Treatment and Rehabilitation of the alcoholic cannot be uniform nor standardized. Each alcoholic is an individual problem.

Major factors in successful treatment are: 1) a sincere desire by the alcoholic to be relieved of his illness, and a determined effort to do his part; 2) willingness by doctors and by hospital administrators to treat the alcoholic; 3) knowledge of treatment methods by doctors and by hospital personnel; and 4) knowledge of the techniques of counselling, rehabilitation, and follow-up by those who serve in these fields.

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After successful treatment, the alcoholic cannot be considered as cured. The illness can be only controlled or arrested. The pattern of uncontrollable drinking may be re-established by a change of circumstances or conditions. An alcoholic cannot return to moderate drinking.

The services of the general hospital should be included in any alcoholism treatment program, provided that facilities, space and personnel are available. For patients who do not require the services of a specialized hospital, treatment in a general hospital offers economy in money cost, in time, and in earning capacity of the patient. Local treatment encourages better patient attitude, helps preserve the family unit, and protects the dignity of patient and family.

Alcoholism should be treated as an illness, not as a penal offense. Admission of a patient to a hospital (either specialized or general) for treatment of alcoholism should be voluntary, and by recommendation of a physician. Only the recalcitrant alcoholic should be subject to commitment, and such commitment should be to the Montana State Hospital at Warm Springs.

In the program of Treatment and Rehabilitation, the services of many agencies, both public and private, can be of great value. Experience has shown that Alcoholics Anonymous has been successful in its work with many cases of alcoholism. The services of this group can be of value from preliminary counselling to follow-up.

#### Present Facilities for Treatment

State sponsored facilities for the treatment of alcoholism in Montana are limited to the Montana State Hospital at Warm Springs. Other facilities are meager. All facilities together are not adequate to meet the needs of a satisfactory program of control.

Certain alcoholics, who sincerely desire help, are deterred from voluntary commitment to the State Hospital because of the stigma associated with a mental hospital.

A summary of the returns from questionnaires to physicians, hospitals and nursing homes may be found in APPENDIX, Tables V, VI & VII.

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## The Role of the Community

Guidance toward early treatment of alcoholism, and successful rehabilitation of the alcoholic require understanding, tolerance, patience, and encouragement from those who have contact with the alcoholic in the early stages of the illness, and from those who meet and associate with him during his rehabilitation. Therefore there is need for public information about the nature of alcoholism, and for a public understanding of the problems of the alcoholic. More specific information and help must be provided for college and school instructors, for clergymen, for physicians, hospital personnel and public health personnel, for law enforcement officers, and for social workers.

The attitude of the employer or the fellow worker toward the alcoholic is very important in the success of a program of treatment and rehabilitation.

Action toward general information about alcoholism in any community should be developed within the community, not forced from outside.

## The Role of the School

There is a problem of alcohol and of alcoholism in Montana. Therefore, information in this field should be a part of the educational program for every Montana child. The problems of alcoholism are not confined to the field of health. They will be encountered, directly or indirectly, in nearly every department of school work.

The several addiction-producing substances, their properties, their uses, and the problems arising from their misuse, can be most effectively and efficiently presented together, as a group.

Teaching about addiction-producing substances, should be the concern of all teachers, but, the determination of the grades and the subject fields in which it may be presented, and the selection of the teachers who will be charged with the instruction, is the prerogative of the school administrator.

The problems of addiction-producing substances are not identical for all school districts. Neither are facilities of instruction constant in different areas. Therefore a program of teaching, uniform for the state, is not recommended.

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In teaching controversial material, the teacher's responsibility is to help pupils discover facts, integrate such to their own experiences, and develop desirable attitudes. It is not the responsibility, nor the right, of the teacher to dictate attitudes and actions. Education about alcohol must be presented factually, and without an emotional or biased approach. Group discussion and research are recommended in preference to the lecture method of instruction.

There is need to recognize and to utilize both the potential contributions and the responsibilities of the parents and of the community in an educational program.

#### RECOMMENDATIONS FOR LEGISLATIVE ACTION

The Coordinating Committee, meeting Saturday, February 13, 1954, at Helena, analyzed the recommendations of the several subcommittees, and from the study formulated the following specific RECOMMENDATIONS for Legislative Action:

1. Authorize the Montana State Board of Health to plan, organize, and direct a coordinated program of Treatment, Rehabilitation, and Guidance of the Alcoholic, and to seek the cooperation of community and school organizations in disseminating information about Alcoholism.
2. Establish and maintain a special hospital for the treatment and rehabilitation of Alcoholics in Montana, which shall not be identified, by name, with the Montana State Hospital.
3. Alcoholism is an illness, and it should be treated as an illness, not as a penal offense. Therefore we urge that admission of a patient to a hospital for the treatment of alcoholism be voluntary and be recommendation of a physician. Court commitment of an alcoholic should be limited to the Montana State Hospital at Warm Springs.
4. By means of leaflets, bulletins, newsletters, and by lectures, talks, discussion groups, and other educational media, disseminate information about alcoholism, its prevention, its treatment, and the roles of other people in the treatment and rehabilitation of the alcoholic.

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5. That these programs of treatment, care, guidance and information be implemented, financially.

#### A PROGRAM TO CONTROL ALCOHOLISM IN MONTANA

The Narcotic and Alcoholism Advisory Committee to the State Board of Health has proposed a program directed at the control of alcoholism in Montana. This program would continue and expand the present service of consultation and information about addiction-producing substances offered to communities and to educational institutions. In addition, it would provide facilities and personnel for a coordinated program of Treatment, Rehabilitation, and Guidance, planned to assist any alcoholic in Montana who desires help.

The program to control alcoholism in Montana requires support in three fields of work, each equally necessary and equally important with the others. Without hope of Rehabilitation there is no reason for an alcoholic to undergo Treatment. Education aims at three goals: Prevention of alcoholism through understanding of the factors which may contribute to uncontrollable drinking; encouragement of the alcoholic to seek early Treatment for his illness; and understanding of the illness by the general public, whose efforts are necessary in Rehabilitation of the alcoholic.

#### The Program

1. EDUCATION to  
Students, through consultant service to schools and Colleges.  
Communities, through consultant service to Churches, Clubs,  
etc.  
Professional health persons, by means of bulletins, seminars,  
consultation.  
Individuals, through Local Counselling Centers.
2. TREATMENT by  
Family Physician  
Local Hospital  
Outpatient Clinic  
Alcoholic Treatment Center
3. REHABILITATION through  
Social Agencies: Churches, Clubs, Welfare Groups, Public  
Health Services.

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Adjustment to Vocation or Profession, by counselling and cooperation of Employers and Educational Agencies.

The Committee envisions local counselling centers, a specialized treatment center, cooperation of general hospitals and of physicians, out-patient clinic services, coordinated work in rehabilitation, and continuing follow-up.

#### Local Counselling

Local counselling will be organized by the local community, where the community wants such service, with advice and help from the state organization if such help is desired. The nature and the extent of the services of the local counselling center will be determined by the need, the interest, and the resources of the community. Such local counselling will impose no expense on the state except the time and effort of advising the local center, when such advice is requested.

#### Treatment

There is no common agreement, nationally, on the most desirable methods of treatment for alcoholism, nor on the relative value of treatment in a specialized hospital, a general hospital or a private sanatorium. The Montana Advisory Committee believes that each alcoholic presents an individual problem, and that the method or methods of treatment should be determined after a study of the individual case.

#### Local Hospital and Personal Physician Desirable

The Committee concludes that, provided facilities, space and trained personnel can be supplied, treatment in a general hospital, near the patient's home, and under the direction of his own physician, is more desirable than treatment in a centralized institution. However, the Committee recognizes that certain cases of alcoholism cannot be successfully treated in a general hospital. Furthermore, there will be cases in which the type of treatment indicated cannot be provided by the general hospital. For such cases a specialized treatment center is needed. Many cases treated for a period in the specialized hospital can be given terminal treatment locally.

#### Multiple Responsibility

A program of treatment such as suggested implies a multiple

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responsibility on the state agency. The operation of the treatment center is but one facet. There must be a continuing effort to enlist the interest, and cooperation of physicians and of hospitals. Information on treatment methods, and advice when wanted, must be supplied to those physicians and hospitals which participate in the program. The treatment center will serve as a clearing house for the treatment facilities of the state.

### Out Patient Clinics

Many cases of alcoholism can be helped without hospitalization. If such help can be given in the early stages of the illness, long and costly hospitalization can be reduced. Outpatient clinics, located strategically in several parts of the state will offer assistance to the alcoholic. Such state-sponsored clinical help can be supplemented by similar service sponsored by the general hospital.

### Rehabilitation

During and following treatment, it is necessary to consider the problems of restoring the alcoholic to a normal life with his family and with society. The program will plan to enlist the aid of existing social agencies, public and private, to this end.

Successful rehabilitation is difficult, if not impossible, without understanding and encouragement of the alcoholic, by members of family, employer, associates, neighbors, clergy, and others with whom the alcoholic has contact. Consequently, the education of the general public about the nature of the illness, and the role of society in the rehabilitation of the alcoholic, is a very important part of the program.

### Follow-up

Follow-up of the treated alcoholic will be performed, vicariously, by one or more of the several agencies which have participated in the treatment and rehabilitation of the alcoholic. The responsibility of the state authority is to be certain that such follow-up is continued. "The treated alcoholic is not cured." "His illness can be only controlled or arrested." "The pattern of uncontrollable drinking may be re-established by a change of circumstances or of conditions."

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## PROPOSED LEGISLATION

To implement the recommended program for control of alcoholism in Montana, the Narcotic and Alcoholism Advisory Committee recommends the enactment of legislation as follows:

### Law No. 1

An Act providing for the establishment, maintenance, and conduct of a program directed at the control of alcoholism in Montana; designating an agency which shall coordinate the present services in consultation, treatment, and rehabilitation of the alcoholic, and the services in community and school education; providing new services where necessary; and providing for expenses necessary to carry out the provisions of this act.

Be it enacted by the Legislative Assembly of the State of Montana:

Section 1. The Montana State Board of Health is hereby authorized and directed to organize, administer and conduct a coordinated program of education of the general public, and of counselling, treatment, and rehabilitation of the alcoholic, for the purpose of controlling, in Montana, the illness known as alcoholism.

For the purposes of this act, the following definitions obtain:

- a. Alcoholic means any person who chronically and habitually uses alcoholic beverages, and has lost the power of self control with respect to the use thereof.
- b. Alcoholism means the continuing excessive use of alcohol, which use cannot be controlled by the individual.
- c. Registered Physician means any physician licensed by the Montana State Board of Medical Examiners.

Section 2. The State Board of Health is directed to continue the program of consultative and educational service, presently conducted under authority of Chapter 104, Laws of 1949, in such manner as the State Board of Health, shall, in its discretion, deem necessary for the furtherance of the purposes of this act.

Section 3. The State Board of Health is directed to encourage local communities to establish for themselves local counseling centers, which will counsel with the alcoholic in the first steps

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of his attempts to gain relief; and to advise local communities concerning the establishment and maintenance of such counselling centers; however, no funds of the State of Montana shall be used in payment of the expenses of operation of such counselling centers.

Section 4. The State Board of Health is authorized to organize and administer the operation of a Treatment Center for the treatment of alcoholic patients for whom appropriate treatment in their local communities is not available. Services of the Treatment Center shall be available to alcoholics who desire treatment, and who have been recommended for such treatment by a Registered Physician.

Section 5. The State Board of Health is authorized to conduct Outpatient Clinics for periodic treatment of alcoholics, at such regularly scheduled times, and at such locations, as the State Board of Health shall in its discretion deem necessary for the furtherance of the program authorized by this act.

Section 6. Persons admitted for care and treatment at the Treatment Center and at the Outpatient Clinic facilities as provided for in this Act, shall be admitted in accordance with policies and procedures which shall be established by the State Board of Health.

Section 7. The costs to persons receiving care and treatment at the Treatment Center and at the Outpatient Clinic facilities provided for in this Act shall be determined by rates established by the State Board of Health, based on estimates and actual cost of operation; provided, however, that no person shall be charged at a rate greater than the actual cost of care and treatment.

Section 8. Persons admitted to the Treatment Center and/or the Outpatient Clinic facilities provided for in this Act, shall insofar as they are able to do so, pay the expense of their care and treatment. Funds so received in payment shall revert to the State Board of Health for the proper conduct of this Act.

Section 9. The State Board of Health is authorized and directed to enlist the cooperation of other existing agencies, public and private, which can aid in the rehabilitation and the necessary follow-up of the alcoholic, after treatment, and to coordinate these services for the furtherance of the purposes of this act.

Section 10. The State Board of Health is hereby empowered to appoint and employ such trained personnel as it shall find necessary

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to carry out the provisions of this act, and to incur such other expense as it shall deem necessary to carry out the provisions of this act.

Section 11. In addition to state appropriations, the State Board of Health is hereby authorized to accept contributions, donations, and gifts, and to use funds derived therefrom for carrying out the purposes of this act.

Section 12. The Governor shall appoint an Alcoholism Advisory Council, to advise and consult with the State Board of Health in carrying out the administration of this Act. The Council shall consist of the Executive Officer of the State Board of Health, who shall serve as chairman, ex officio, the Administrator of the State Department of Public Welfare, ex officio, the Superintendent of the State Department of Public Instruction, ex officio, the Superintendent of the Montana State Hospital, ex officio, and eight additional members which shall include at least one of each of the following: A physician, a hospital administrator, an educator, a law enforcement officer, a representative of industry, and an individual who has had personal experience with the illness of alcoholism. The term of office for each of these eight additional members shall be for four years, except that any member appointed to fill a vacancy occurring prior to the expiration of that term shall be appointed for the remainder of such term, and that the terms of office of the members first taking office shall expire, as designated by the Governor at the time of appointment, two at the end of the first year, two at the end of the second year, two at the end of the third year, two at the end of the fourth year, after the date of appointment. Members of the Advisory Council shall receive no compensation other than for actual expenses met in the performance of the work done for the furtherance of the program authorized by this Act. The Council shall meet as often as the chairman deems necessary, but not less than once each year. Upon request by any four or more members, it shall be the duty of the chairman to call a meeting of the Council.

Section 13. The sum of \$96,000 (Ninety-six thousand dollars) or so much thereof as may be deemed necessary by the State Board of Health to carry out the provisions of this Act, is hereby appropriated to provide the costs of personnel, materials, and such other expense as may be required for the organization and development of this program, and for the operation of this program during the biennium July 1, 1955 to June 30, 1957.

Section 14. All Acts and parts of Acts in conflict herewith are repealed.

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An Act to appropriate money from the General Fund to design, engineer, construct, erect, furnish and operate a suitable building or buildings, to be used as a Treatment Center in the program of the State Board of Health to control alcoholism; providing for the acquisition of a tract of land to be used as a site for said treatment center; authorizing the Board of Examiners to employ architects to design said building or buildings; and to advertise and call for bids for the construction of the same; authorizing the Board of Examiners to purchase equipment and furnishings for said building or buildings. .  
Be it enacted by the Legislative Assembly of the State of Montana:

Section 1. The sum of \$110,000 (One hundred ten thousand dollars) or so much thereof as may be necessary, is hereby appropriated out of any money in the state treasury not otherwise appropriated, for the purpose of designing, engineering, constructing, erecting, furnishing, and adequately equipping a suitable building or buildings to be used as an Alcoholic Treatment Center by the State Board of Health in its program, authorized by law, to control alcoholism.

Section 2. The State Board of Examiners is hereby authorized and empowered to select and purchase a site for said building or buildings to be used as an Alcoholic Treatment Center.

Section 3. After the site has been purchased by the State Board of Examiners as herein provided, the State Board of Examiners is hereby then authorized to employ an architect to design said building or buildings out of funds hereby appropriated.

Section 4. After the plans have been drawn by the architect, the State Board of Examiners is hereby authorized to advertise and call for bids for the construction of said building or buildings, and to let the contract to the lowest responsible bidder. The State Board of Examiners is hereby authorized to reject any or all bids, and to make rules and regulations regarding the bond and the insurance to be furnished by the contractor.

Section 5. The plans as drawn by the architect shall include the furnishings and equipment necessary for the adequate hospital treatment of the alcoholic, as prescribed by the State Board of Health.

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## JOINT ADVISORY COUNCIL ON ALCOHOL AND OTHER DRUG DEPENDENCIES

The activities covered by Public Law 91-616 and Public Law 92-255 both call for advisory councils. The Director of the Department of Health and Environmental Sciences will appoint one advisory council with the concurrence of the Governor. Persons to be appointed to the advisory council will be nominated in the procedures outlined in state administrative documents and regulations, and following the concurrence of the Governor's Office in the appointment, public announcement will be given that such persons have been appointed.

Nominees for appointment to the advisory council will be persons who express an interest or are involved in programming and activity related to alcohol and/or other drug dependencies. They will be selected as to provide representation of a number of agencies, activities and interests aimed at satisfying, as closely as possible, the broad guidelines outlined for both P.L. 91-616 and P.L. 92-255.

The council will consist of eighteen regular members. Two will be appointed from each of the five Comprehensive Health Planning Areas and two from the Indian Catchment Area. Six members will be appointed at large from throughout the state, one of whom will be of American Indian ethnicity. There will be at least five ex-officio members, two of whom will be representatives of federal agencies, specifically the Division of Indian Health of HEW, and the Veterans Administration. The other ex-officio members will be the State Department of Justice, the State Mental Health Authority (Department of Institutions) and the State Department of Social and Rehabilitative Services.

Meetings of the council will be conducted so that the expenses relative to the meeting could be split. The council members will travel and participate in the first half of the agenda on one budget, complete the advisory council meeting and travel home on the other budget. Expenses for such advisory council meetings will be split between the two budgetary situations, will maintain a clear audit trail and will satisfy the requirement that the costs are not being mis-applied.

The agenda will be so established that it would be fairly easy to delineate the activity. A good example would be that a two day meeting would show about an equal mix of alcohol and drug related activities so that one day could be charged specifically to drugs and the other specifically to alcohol.

Within the advisory council, for purposes of grants review and comment, it will be possible to split into two committees or task groups, which would have specific responsibilities for review of grant applications and proposals that were being submitted either to state or federal agencies, these committees can then report their findings to the full council. This methodology will permit those persons with a strong orientation toward alcoholism programming to be considerably more involved in that aspect, and the same can be said for those persons with a stronger interest toward drug abuse.

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STATE OF MONTANA

CREATION, RECORD, AND GOVERNOR'S APPROVAL OF THE ALCOHOL AND DRUG  
DEPENDENCY ADVISORY COUNCIL WITHIN THE DEPARTMENT OF HEALTH AND ENVIRON-  
MENTAL SCIENCES

I, JOHN S. ANDERSON, M.D., of the Department of Health and Environ-  
mental Sciences hereby create the Alcohol and Drug Dependency Advisory  
Council this 7th day of December, 1973.

The purpose of the Council shall be to comply with Public Law 92-  
255, Section 409 (c)(2), (e)(3)(86 Stat.82) requiring creation of an  
advisory council to advise the state drug agency for receipt of federal  
grant drug money. The Council also complies with Public Law 91-616,  
Section 303(3), (84 Stat. 1850), which requires an advisory council for  
receipt of federal grant money. The Council will advise the Addictive  
Diseases Unit of the Governor's Office and the Department of Health and  
Environmental Sciences on drug and alcohol matters.

The Council shall be composed of 18 members including representa-  
tives of nongovernmental organizations or groups, and of public agencies  
directly and indirectly concerned with prevention and treatment of drug  
abuse and drug dependence and alcohol abuse and alcoholism, prevention,  
treatment, and rehabilitation. The members represent all geographical  
areas of the state and include Indian and at large members.

The names and addresses of Council members serving at the pleasure  
of the Governor are:

<u>Name</u>	<u>Address</u>
William MacClaren	Kalispell, Montana
Robert Van Horne, Ph.D.	Missoula, Montana
David Allen LeMieux	Boulder, Montana

<u>Name</u>	<u>Address</u>
Patti Tyler	Moore, Montana
Gerald B. Hall	Great Falls, Montana
Tom Demopoulos	Havre, Montana
Martha Herlevi	Red Lodge, Montana
Mrs. Mona Sumner	Billings, Montana
Katherine A. Hanrahan	Glendive, Montana
Simon Looking Elk	Wolf Point, Montana
Peggy Skelton	Missoula, Montana
Dorothy Adamson	Browning, Montana
Shari Pettit, R.N.	Helena, Montana
Brinton Markle	Helena, Montana
Larry Fasbender	Fort Shaw, Montana
Paul J. Everett, Jr.	Anaconda, Montana
Percy DeWolfe	Browning, Montana
Larry J. Schroeder	Billings, Montana

The Council shall exist until no longer necessary to receive federal funds.

DEPARTMENT HEAD:

/s/  
 John S. Anderson, M.D.  
 Director of Health & Environmental  
 Sciences

Under the Executive Reorganization Act of 1971 (Laws of Montana, 1971, Chapter No. 272), in order for the creation of an advisory council to be effective the Governor of the State of Montana must approve the creation of advisory councils and file a record of the Council in his office and in the office of the Secretary of State.

APPROVED:

/s/  
 THOMAS L. JUDGE, Governor

ATTEST:

/s/  
 Secretary of State

ALCOHOL & DRUG DEPENDENCY ADVISORY COUNCIL

DOROTHY ADAMSON

Director, Blackfeet Tribal Alcoholism Program

Office Phone: 338-7178

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Browning, Montana 59417

THOMAS J. DEMOPOULOS

Supervisor, Roadway Maintenance

Burlington Northern, Inc.

Office Phone: 265-9667

Home Address: 1175 17th Street

Home Phone: 265-7722

Havre, Montana 59501

Chairman of the Board of Hill-Top Recovery Center

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Rancher

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## ALCOHOLICS IN MONTANA

Estimates of the number of alcoholics in the general population vary between the several sources of information. Dr. Morris Chafetz, Director of the National Institute on Alcohol Abuse and Alcoholism, uses the figure of five per cent of the general population. This would indicate that there are some 34,720 alcoholics in Montana. He also indicates that the incidence of alcoholism among Indians varies from ten per cent to fifty per cent. Montana has seven Indian reservations that together constitute 4.2 per cent of the state population. A projected figure of Indian alcoholism in Montana would substantially increase the state total of alcoholic persons. The Social Research Group at George Washington University uses a figure of 8.15 per cent of the general population. This would show 56,663. They do not make special reference to Indians.

All of the indications of alcohol consumption, alcohol related accidents, and other indicators are apparently showing increases; for example, the per capita consumption in Montana is showing an annual increase and at that is only surpassed by three other states. As a result, the percentage of alcoholics in Montana would be substantially higher than the 8.15% figure used for the general population by the Social Research Group. Because of this, we have projected the 8.15% figure upward to 8.50% for planning purposes. This then gives the following estimates:

8.5% of population (except Indian) .....	57,902
50% of Indian population ...	13,565
Total.....	71,467
Ripple effect, others affected -- 285,868	



## ALLOCATION OF FISCAL YEAR 1974 PUBLIC LAW 91-616 FORMULA FUNDS

The allocation of Fiscal Year 1974 Public Law 91-616 formula funds will be essentially as it was in the Fiscal Year 1973 Plan. The funds will be allocated on a regional basis to the four Comprehensive Health Planning Councils, Action for Eastern Montana and the Montana Indian Commission on Alcohol and Drug Abuse. The amount of funds available to each of these six planning areas for Fiscal Year 1974 will be increased from the \$27,000 level of Fiscal Year 1973 to \$28,500. Contracts with local programs will be encouraged, if the regional planning group so prioritize the utilization of the formula monies. Allocation of these formula funds to programs will be regionally determined.

These funds will be made available to the six planning areas as soon as they are received by the Department of Health and Environmental Sciences unless they should be received during the last quarter of Fiscal Year 1974. In that situation, permission to carry over the funds will be requested from the Regional Office. The funds will then be available to the six planning areas in the next fiscal year.

The total dollar amount of funds available to the six planning areas from the formula grant will be \$171,000. The formula grant of \$200,000 will be utilized in the following manner:

\$171,000	(85.5%)	Allocation to planning areas
20,000	(10.0%)	Administration
6,000	(3.0%)	Training
3,000	(1.5%)	Evaluation
<u>\$200,000</u>		

This pattern of allocation is for the total amount of money available to the State of Montana under the formula grant of Public Law 91-616 for Fiscal Year 1974, \$200,000.

## UTILIZATION OF 1974 FORMULA FUNDS

It will be necessary to continue activities aimed at defining level of need, and understanding and interpretation of need on the part of both state and local program personnel, boards, and individuals. This will also provide a limited amount of funding

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so that evaluation may be carried out by direct service from this Department or through contractual arrangements with other agencies within the State of Montana or from outside the state. These evaluative efforts would be carried out by the Alcohol and Drug Dependence Bureau of the Department of Health and Environmental Sciences, directly or by contract. This would not supersede or eliminate the need for evaluation that could be contracted by local programs.

Training of professional, para-professional and developing personnel is still high priority in the Montana State Plan and a portion of this money is being allocated for this purpose. We have talked with numerous board members of local programs who were uninformed about current aspects of alcoholism programming. We strongly believe that board members should be conceptually ahead of their staff instead of lagging behind. We will encourage board members to take advantage of training opportunities.

Short term training in recognized programs such as the Utah Summer School of Alcohol Studies, the International School of Alcohol Studies in North Dakota, seminars and training institutes of similar nature will be given consideration for funding. Travel and per diem expenses at prevailing state rates will be paid, as well as registration fees for successful applicants. Applicants for such reimbursement must show acceptance by the particular training program in their application to this Department, and must show that the training is relevant and applicable to their particular work situation, and must submit a short narrative summary report following the training experience.

Applicants should consider contacting the Bureau as early as possible in the application procedure to the specific training program to assure that there is a possibility of funding being made available through the Bureau. The Bureau itself will conduct training as necessary and has made arrangements with specific training programs and will provide scholarships in the form of per diem and travel expenses to such training. Such training may be either clinical or of a specialized nature. The Bureau will not pay the salaries of the personnel from local programs during the training.

Ten percent of the formula grant allotment is being requested to pay for administration of the state plan. Costs to be covered by this amount of money include:

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- (1) Materials and services such as printing, xerox, and photocopying, telephone, rent, expendable and desktop supplies, minor office equipment.
- (2) Staff travel in development and administration of state plan.
- (3) Expenses of Alcoholism Advisory Council, per diem and travel at rates not to exceed those authorized by state statute.
- (4) Agency membership in alcoholism organizations.
- (5) Other administrative costs necessary to develop and administer the State Plan.

All monies transmitted from this Department to regional planning groups or to individuals or groups involved in training activities, or to individuals or groups involved in evaluation activities, will be done through a contractual process. A standard contract form utilized by the Department will be signed by the parties involved prior to the release of the monies. In the case of training monies the contract will cover a specific period for travel and training that may be requested, and will require a written report or summary of the training experience, to be submitted to the Alcohol & Drug Dependence Bureau within 15 days of the completion of the training experience. Vouchers for reimbursement will not be processed until such time as the written report has been received by the Bureau.

In circumstances involving contracts for evaluation, negotiations will be conducted prior to the formalization of contracts for the specific evaluative procedure and documentary reports that will be required. Again, the reimbursement procedure will not be finalized until such time as the written report has been received by the Bureau.

Contracts with the Comprehensive Health Planning agencies, Action for Eastern Montana, and the Montana Indian Commission on Alcohol and Drug Abuse will further require that any monies passed on through those agencies to local operating agencies be done through a contract situation. It will be stated in the contracts that are developed between this agency and the planning agencies that no such contract may be finalized until such time as it has been approved by this agency.

Grants-in-aid, or direct granting will not be permitted. Only contracts will be utilized, and shall have a requirement for a report or final evaluation document before monies are transmitted to the local programs.

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## WORK PLAN - 1974 STATE PLAN

At the time of the submission of this state plan, fiscal year 1974 is approximately half over. Consequently, the development and projection of a time-line and work plan will be somewhat limited, with the possibility that a number of the elements may continue beyond the close of the fiscal year 1974 into fiscal year 1975.

Also, because of the rather nebulous nature of certain activities, which may superimpose themselves upon this time-line, there is a possibility that a re-prioritization may occur which would change this work plan between now and the close of the 1974 fiscal year.

Activities of the Bureau will remain much the same as they have. Fiscal and administrative activities that occur on a day by day basis will be maintained. Requests for consultation and technical assistance will be responded to as quickly as possible, taking into consideration such things as the time involved, and the particular transportation problems that may occur, in light of recent concerns with air and ground transportation problems.

One of the continuing ongoing activities will be the further development and implementation of a data reporting system, particularly of summary data from each of the programs on a monthly basis. This was implemented early in fiscal year 1974 and for the first couple of months of operation responded only minimally. Every effort will be made to continue working with the programs and improving the reporting system so that we will have 100% of the programs reporting data to the Bureau.

Among conferences planned within the fiscal year will be those having to do with the certification of personnel and programs. A meeting to discuss such activity, with resource persons from the Joint Commission on Accreditation of Hospitals and the Alcohol and Drug Programs Association of North America had been tentatively scheduled for December, 1973, but conflicts in scheduling and the development of this state plan caused that conference to be re-scheduled. It is anticipated that it will be set up for early spring of calendar year 1974, late in the fiscal year.

A conference on training is tentatively scheduled for the month of January, 1974. This will involve this Bureau, the State Alcoholism Services Center at Galen, the University of Utah and personnel from programs throughout the state who are in training with the University of Utah program.

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A series of seminars and workshops for the clergy, regarding alcoholism, are tentatively planned for mid spring. At this time preliminary arrangements have been made to bring in a clergyman of national recognition in the field of alcohol abuse and alcoholism to be the major resource for the seminars. It is tentatively scheduled that one seminar will be held in the eastern part of the state and one seminar in the western part of the state, both in the same week.

As mentioned elsewhere in the plan, it is anticipated that the Uniform Alcohol Intoxication and Treatment Act will be introduced into the 1974 Session of the Montana State Legislature, convening January 7, 1974. This being the case, it is anticipated that the Bureau will be called upon to provide consultation, technical assistance and testimony for legislative activity. Consequently, a certain amount of staff time will be given toward this activity. Should we be successful in having the Act become law, then re-prioritization of time would be imperative to work toward the implementation of the Act and development of the necessary fiscal, administrative, and programmatic strategies necessary to bring the Act into operation. A considerable amount of time would also be necessary to carry out educational activity that would be needed to interpret the Act to regional and local service programs, law enforcement agencies, alcoholism agencies, etc.

During the month of February and early March one of the major activities of the Bureau will be the re-writing and re-submission of the Occupational Alcoholism Grant to NIAAA. The grant year begins for that activity on June 1, 1974, and will be the third year of the three-year grant. The work plan for the Occupational Program Consultants is mentioned under another area of this state plan.

Working toward the development and submission of the 1975 State Plan as early as possible in fiscal year 1975, we are aiming for a submission of the regional comprehensive health planning alcoholism plans, and the material from the Montana Indian Commission on Alcohol and Drug Abuse for sometime during the month of March, 1974. This will give us the months of March, April and May to compile the data and material in the regional plans, and to develop them into the fiscal year 1975 State Plan. Also, should we be successful in getting an increased state appropriation this would give us the opportunity to develop planning and implementation strategies aimed around the distribution and allocation of those monies for fiscal year 1975, in light of priorities and plans as developed on a regional basis.

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As the fiscal year approaches its close during the month of June, we can anticipate the considerable number of requests for assistance in training, particularly at the summer schools of alcohol studies. Consequently, the months of May and June will see a considerable amount of activity directed toward the finalization of contracts and travel orders associated with our assisting participants in such alcohol training activities.

As this time, it is viewed as being possible that other programs and activities will develop that have not been considered during the development of this work plan that could be prioritized. These might be in terms of conferences, workshops, training experiences, request for service, on-site visits, and others that would be developed and inserted into the ongoing working activity of the Bureau. Also, throughout the fiscal year both formal and informal staff conferencing, planning, and development will be ongoing, and every effort will be made to maximize this particular utilization of staff time.

One area of concern that will be involved in the work plan for the fiscal year will be the orientation and involvement of the new advisory council, and the conducting of advisory council meetings on a routine basis. It is anticipated that an orientation of the advisory council will take place shortly after their appointment, followed by meetings on a regular schedule. Efforts will also be made to involve advisory council members in regional and local activity to further involve them in the activities of alcohol programs throughout the State of Montana.

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## EMPLOYEE ASSISTANCE PROGRAM WORK PLAN FY 1974

At the end of FY 1973, a change in personnel occurred within the Employee Assistance Section. This personnel change necessitated a re-evaluation of the program's direction and the orientation of new personnel. The personnel turnover produced some loss in program continuity and delay in implementation of the program. However, in this fiscal year considerable progress has been made in the development of Employee Assistance Programs throughout the state.

### Community Employee Assistance Programs

In Montana, because the relatively small employee population is distributed over a large geographical area, the Occupational Consultants are establishing community programs. These programs basically consist of a single counseling-referral agency that potentially will serve all employers within a community. By establishing these community projects the Employee Assistance Program can be made economically attractive to employers and effectively reach a large portion of the employee population.

All community services and agencies that have a vested interest in the Employee Assistance Program must be involved in the planning and implementation of the program. Accordingly, the Occupational Consultants must spend time initially in organizing a common effort which will involve all interested community services. After the initial planning process has been achieved, the Occupational Consultants can effectively solicit employer participation in such a community program.

By February 1, 1974, this community organization process will be completed in three areas. In each area the administrative structure of the program will be completed, advisory board chosen, cost figures determined and the program ready to receive clients. These three programs will be prepared to serve an employee population of 39,600 employees and approximately 118,800 employee dependents.

By the end of FY 1974, it is projected that four additional community Employee Assistance Programs will be in operation and serving a potential employee population of 45,800 and approximately 137,000 employee dependents.

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## Consulting Activities with Employers

It has been necessary for the Occupational Consultants to maintain close contact with employers to educate and familiarize them with the concept of the Employee Assistance Program. Where possible this is accomplished on a group basis but for the most part it has been necessary for individual consultation and presentation. In order that uniform and understandable material be presented to all a flip-chart presentation notebook was developed explaining background information, program concepts and organization and projected savings.

It is essential that the presentation be made to top management and in many cases this is accomplished only after the program has been explained to lower management personnel such as Safety Managers, Personnel Managers, etc. In general, there has been wide acceptance of the Employee Assistance Program vs. the Alcoholism Program. Of course, where there exists a problem in top management the program is looked on as a threat and consequently rejected.

To date the Occupational Consultants have provided consultant services and program presentations to employers representing a total of 40,000 employees. It is projected that by the end of FY 1974, the staff will have provided consultant services and program presentations to employers and supervisors representing approximately 50,000 employees.

## Labor

The program's involvement with the labor movement is largely concerned with seeking labor's support and endorsement for the community projects that are being established. The labor endorsement is broken into two phases: 1) support from the AFL/CIO state office; and 2) labor endorsement on a local level in each community where an Employee Assistance Program will be created.

To date the Occupational Consultants have maintained constant communications with the state office of the AFL/CIO. In addition, the consultants manned an information booth at the State AFL/CIO convention and Federation of Teachers, AFL/CIO annual meeting. In the remainder of FY 1974, the Employee Assistance Section will seek a written endorsement from the Executive Board, State AFL/CIO.

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To assist in the implementation of the community programs, the Occupational Consultants have actively solicited local labor support. Written endorsement has been obtained from two local unions, a district council and a Labor and Trades Council. In the remainder of FY 1974, the Occupational Consultants will seek labor support from six Labor and Trades Councils and one local union.

### State Government

The activity of the Occupational Consultants with State Government is being concentrated on two levels: (1) seeking the release of a policy statement from the Governor's Office which would apply to all state employees; and (2) involving individual state agencies with the community programs being established.

The Employee Assistance Section has presented a draft Employee Assistance Policy Statement to the Governor's Office. The Governor has concurred that the treatment of alcohol and other behavioral health problems of state employees be made a matter of state policy. On or about January 1, 1974, the program will be implemented for state employees. Initially, the central referral point for state agencies in the capitol city will be the Alcohol and Drug Dependence Bureau. The Bureau will offer counseling and referral services to the troubled employee, and help secure the proper assistance for him or his dependents.

By the end of FY 1974, all state government agencies will be involved either in this state service or in community programs. It is estimated that the state government involvement will effectively serve an employee population of 10,000.

### Research and Surveys

In order to establish priority areas, the Occupational Consultants are maintaining county profiles on a statewide basis. To determine where best to place such programs, the Consultants have completed a county profile survey. These profiles include information on population concentrations; employee population; number, size, and type of employers; and available community services. The profiles are being updated on a quarterly basis.

## SURVEY OF NEED

The South Central Comprehensive Health Planning Council is utilizing a recent survey of need for the major population area of the planning region. This area consists of Yellowstone County and the City of Billings. Billings is located in the south central portion of the state and is the largest city of the state.

The conclusions of this survey of need, as reported by the principle author, are as follows:

"Yellowstone County displays a need for programs focused upon reducing the magnitude of alcohol and drug abuse in its area. As indicated in sub-section 8.3 the greatest need for corrective action appears among youth. If programs are not implemented to correct this age group, the county may well be facing an addictive rate as high as 8-9 percent of the population within the next ten years. Since the total population of the county is increasing, the total number of individuals affected by drug abuse will also increase; and, if coupled with an increased rate of abuse, the addictive population may represent the greatest social problem in the area within a short period of time."

"It must be recognized, however, that programs traditionally utilized to combat alcohol abuse have focused upon older age groups than those indicating the greatest need in this study. Therefore, a new and innovative program may have to be developed in order to have any effect. It must also be emphasized that characteristics of this age group change very dynamically and a truly successful program must be capable of changing with the population."

Their suggested priority actions:

"Since the resources available to combat the alcohol and drug abuse problem in Yellowstone County are fragmented, a lead agency should be designated to provide coordination and leadership. All resources should be combined into a concerted program and an action plan should be developed to set goals and objectives of the program, display interrelationship of resources, and define organizational responsibility for each program element.

A systems analysis should be performed to determine if duplications or weaknesses exist in the program. This analysis should be geared toward individual needs rather than broad categories. It should also recognize the interrelativeness of social problems.

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An assessment should be conducted to determine the competency level of all personnel. When deficiencies are identified, training programs should be developed to increase personnel capability.

An integrated records system should be developed to provide the data required for evaluation and program management. It must be emphasized that data formats should be consistent throughout the system.

A catchment system should be developed which would provide access to individuals displaying primary or intermediate symptoms of alcohol or drug abuse."

"Recommendations:

This survey demonstrated first, that alcoholism is recognized as a problem by a substantial number of employers within Yellowstone County; second, that with very few exceptions employers have no guidelines as to how to deal with this problem; and third, that the majority of industries would be receptive to education. On the basis of these findings, it is suggested that an educational campaign could be undertaken which would:

1. provide alternatives for industry of the action they can take, both as to helping their employees and as to reducing their own monetary loss in regard to alcoholism;
2. inform the employers of the magnitude and destructiveness of employee alcoholism;
3. give information regarding services and appropriate helping resources. Create a demand for help in policy establishment, particularly on the part of medium and large industries;
4. make known the referral method for alcoholic employees;
5. assist employers in further utilization of community resources.

In addition to the above, it is suggested that a more aggressive approach be pursued to help industry utilize their potential in combating alcoholism. This would consist of offering the following services to Yellowstone County employers:

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1. a screening service which would enable employers to refer employees for early signs of possible alcoholism, such as absenteeism, decreased work performance, or personality changes. This would relieve employers of the responsibility for decisions which might well be medical. The existence of such a service would facilitate early identification, and even more important, provide a practical channel for the implementation of treatment;
2. advisory service to employers as to specific handling of employees' alcoholism problems. This would include acting as liaison between employer and employee during rehabilitation, and, by working with the employer, enable him to assist in the motivational process in treatment;
3. follow-up of employee and family, with referral to other community agencies as necessary;
4. provision of educational services to industry which would include specific training sessions for management and supervisory personnel;
5. keeping of records with consequent evaluation of methodology of approach.

The above services would be of value both to small companies which do not have the resources of a medical department, and to larger companies which have medical services but do not have personnel counseling services. Ideally, these services would be coordinated by a single agency."

A full copy of text is on file in the Bureau office.

Action for Eastern Montana conducted a needs assessment in the 17 county planning area that they serve.

This planning area covers the eastern third of the state and is made up of nearly 50,000 sq. miles with less than two persons per sq. mile.

The report of the needs assessment is lengthy but has been summarized by the principle author as follows:

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"This was a very difficult report to write. There was a lot of information, but it was difficult to find meaningful ways to organize and evaluate it in the light of community needs. There was much talk of specific needs as noted earlier. This points out a distinct problem any alcoholism program will face. People seem to feel that the mere existence of counselors, or treatment centers, or halfway houses in the area will eradicate the problem. This makes as much sense as saying the existence of hospitals will eradicate disease. Somehow the need for community awareness, co-operation and involvement must be made known."

Full text is on file in the Bureau office.

The Montana Indian Commission on Alcohol and Drug Abuse constitutes the sixth planning region for the assessment of need and ultimate planning to cope with alcohol abuse on the several reservations and in the urban areas.

This commission has developed a comprehensive plan for the resolution of these problems. The primary objectives, as stated in the plan, are as follows:

- 1) to initiate and sustain communication pertaining to alcohol and drug addiction as it effects Indian people. This means communication to Indian and non-Indian organizations as well as the use of media in the transmission of the information.
- 2) to provide a coordination between local alcohol and drug recovery programs located in reservation and urban areas and the local, state, and federal agencies which are supposed to be responsive to the needs of the community.
- 3) to facilitate the development of contracts between social structures and programs for the purpose of increasing their operational effectiveness. To promote contracts with appropriate agencies for the purpose of establishing an all-Indian research, treatment and training center in the State of Montana.

Full text is on file in the Bureau office.

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The Northwest Montana Areawide Health Planning Council conducted a survey of need in the region, encompassing the 8 western-most counties of the state. This survey sought indicators of alcohol related problems and indicators of services focusing on these problems. The results of the survey have been reviewed and accepted by the Council.

The complete text of the survey report is on file in the Bureau office. Mrs. Maryellen Navratil, Northwest Montana Areawide Comprehensive Health Planning Council staff planner, provided the following summary of the survey methodology and findings.

"I attempted to interview a cross section of individuals and to represent all sectors of the community. These included, among others, representatives of law enforcement, half-way houses, welfare, medicine, clergy, education, mental health, public health, alcoholics, Indians, urban Indians, Indian alcoholics and hospital administrators. I interviewed individuals by a system of referral -- i.e., with the exception of the first two individuals I interviewed, I talked to no one who had not been referred by someone else with an interest in alcohol and alcoholism. Ultimately, it was necessary to confine individuals interviewed to those who had been referred 3 or 4 times due to limitations of time. The needs I have explicated were universally mentioned in Region I. It will be observed that none of the broad categories of need is mutually exclusive; rather each need encompasses one or more of the other needs.

A list of need and "needs" was sent to 27 individuals who ranked the need in order of priority as follows:

- (1) The need for education regarding alcohol and alcoholism
- (2) Special programs to work with those convicted of DWI
- (3) Need for follow-up for alcoholic after treatment at Galen
- (4) For early detection and treatment of the alcoholic and for families of alcoholics
- (5) Proper and comprehensive facilities to detoxify the alcoholic
- (6) To sensitize hospital personnel to the needs and feelings of the alcoholic patient
- (7) For agency cooperation
- (8) For better understanding and cooperation between the professional and AA
- (9) Transportation to Galen

From this sample it would seem there is felt to be adequate care during treatment. The emphasis is on all aspects of education including DWI and follow-up and consequently the emphasis is on prevention (detection) and aftercare.

It would seem agency cooperation, AA-professional agreement, sensitivity on the part of hospital personnel and transportation to Galen are seen as more peripheral considerations. Two major difficulties with the research should be given priority in future research and planning: (1) the lack of statistical data, and (2) to the difficulty of assessing the middle and upper class incidence of alcoholics, i.e., only those "high profile" alcohol problems come to the attention of most agencies and law enforcement."

# COMPREHENSIVE HEALTH PLANNING

## SOUTHWESTERN AREAWIDE HEALTH PLANNING COUNCIL

JIM FOLEY  
DIRECTOR

510 LOGAN STREET  
HELENA, MONTANA 59601  
PHONE 449-3121

November 6, 1973

Alcohol and Drug Dependence Bureau  
Montana Department of Health and  
Environmental Sciences  
Helena, Montana

ATTN: Bob Solomon

Dear Bob:

This report is in response to your memo with regard to the Assessment of Need covering prevention, treatment and rehabilitation of alcoholism in our region.

You will recall over the past eighteen months that in the course of our job of comprehensive health planning for the twelve counties, this writer visited every alcoholism program in the twelve counties area, which included the Beaverhead County project, the various programs in the Butte area, the Helena grant and the outreach and counseling service in Bozeman.

To review ancient history, you will recall that we called a meeting of all of the alcoholism people in Butte, at which you attended, and it was quite obvious after attending this meeting that some coordination of activities would have to be done and that these activities would have to be expanded to outlying counties, such as Deer Lodge County and Powell County. In visiting the Beaverhead County project under three very dedicated women, it was rather obvious that the problem that they were having was not so much dedication for the alcoholic as it was money to survive and money to give some treatment over and above what was already being established in the area. You will also recall that one of the women in Dillon was working in a restaurant and donating her money to this program just to see it survive. It was also evident after talking to the alcoholism people in the Bozeman and Gallatin Valley area that money was also a problem in this area. It was also evident that this service had to be expanded to Park County, Madison County and possibly Meagher County in order to give comprehensive alcoholism counseling to the total area.

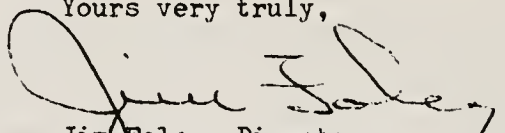
The alcohol grant in Helena, which has become famous or infamous, as you see fit, was reviewed by assessment teams from Washington and Denver and they were given the express duties to expand their services to the eleven county area and to rewrite the grant that had been submitted. This grant, which you now have, has been rewritten to include service in



the eleven county area and in discussion with the assessment teams from Washington and Denver and discussion with Silver Bow County, Beaverhead County, Gallatin County it was felt after meeting in each county with those who were involved with the alcoholism program that the best service we could get out of the Hughes Foundation money was to place this money in the alcoholism grant for the eleven counties and try to get maximum service for those in need. We were thinking more of how we could best serve the patient in the twelve county area, and as a result our board of directors felt that the best thing would be to cooperate with the one coordinated grant for the eleven counties. This has been accomplished.

We have asked for a number of conditions with this \$ 27,000 that has led to a lot of cooperation and a great deal of service, we believe. The money is being expended through the Butte-Dillon-Helena Indian Alliance and Bozeman Alcoholism Centers, who in turn, have now reached nine of the eleven counties and it is hoped that they will be batting 100 percent within the next two months. We, at the present time, have representation on the regional alcoholism board, through Comprehensive Health Planning and are also able to meet with the various alcoholism programs in the eleven counties at least once a month. In these meetings we try to get suggestions and recommendations as to how we might better plan for the future for the alcoholic and how we might get maximum use out of the money that we now have. It is felt that the monthly planning meetings will evolve with a better prevention, treatment and rehabilitation program in this region, and with the assistance of your staff, for which I highly compliment you for your cooperation in the past in assisting our organization, I believe that we will come up with a program that will be not only innovative but will certainly help the patient.

Yours very truly,



Jim Foley, Director  
Southwestern Areawide Health  
Planning Council

JM:akm



## DATA SYSTEM

The need for a solid base of data both at the programmatic and state level has become increasingly evident. Efforts toward the development of long range plans have required the availability of more data than was available or attainable.

The state agency, as a result of these needs, has initiated a data collection system that will yield data collected on a statewide basis.

The particular instrument being utilized was initially developed by the State of Michigan. One of the Montana programs obtained the basic format, made some changes and began using it for their local data needs. The form received further revision and is currently available to all of the alcoholism rehabilitation programs in the state. Each program has been requested to gather the data and record it on the forms each month. The forms are then sent to the Bureau and compiled into a statewide profile which will be updated monthly.

The data collection system has only been used for a short time and as this material goes to print, sufficient data for a statewide profile has not been received. At this time, it would be impossible to give information on a number of persons receiving alcohol rehabilitation services in Montana. The data has not been provided to the Alcohol Bureau of the State Department of Health and Environmental Sciences. We are receiving only minimal response to the system. Another visit to each program will be scheduled to again request their participation. Fiscal data have been compiled from the programs, and are being utilized by the Bureau.

## LOCAL INPUT INTO REVIEW & PRIORITIES

Chapter 303 of the session laws 1969, (Title 69, Chapter 62 R.C.M. 1947) entitled "Act to Establish the Montana Commission on Alcohol and Drug Dependence within the Department of Health" stated the following as the purpose and intent of the Act and the policy of the state. "It is the purpose of this act and the policy of this state to recognize alcohol and drug dependence as problems affecting the health, safety, morals, economy, and general welfare of this state; to recognize alcohol and drug dependence as problems subject to treatment; and to recognize the sufferer of alcohol, drug dependence, or both, as worthy of treatment and rehabilitation. It is the intent of this act to establish means whereby the appropriate resources of this state may be focused fully and effectively upon the problems of alcohol and drug dependence and utilized in implementing programs for the control and treatment of these problems."

It will be the policy and the intent of this Department to maximize the availability of services and treatment facilities for alcohol and alcohol abuse at the local level. This is recognizing that alcoholism as a disease should involve treatment at the local level so that not only the patient but his whole family can be involved in the treatment and follow-up procedures.

Consequently it will be the policy of this Department to encourage the development of comprehensive services for alcohol abusers at the local level. The type and extent of this treatment and programming can best be determined locally and should involve those persons not only directly involved with the treatment and prevention of alcoholism, but those also involved with the planning and delivery of health services in general.

This Department will look strongly to the Regional Comprehensive Health Planning Councils and the development of sound, reasonable, alcoholism plans for prevention, treatment and rehabilitation, emphasizing the maximum utilization of local resources for all aspects of treatment. It will also look toward Comprehensive Health Planning for help in determining those instances where there are duplication of service, over or under utilization of services. We will also rely upon Comprehensive Health Planning and the local health planning organizations to assist us in determining areas of need for development of services.

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We are looking toward the development of a long-range plan, rather than a short term schedule for the dispersement of formula grant monies. This plan is developed from the efforts of local health planning councils, alcoholism planning councils, alcoholism programs and persons interested in the prevention and treatment of alcohol abuse in the communities.

It will be submitted to the Regional Office of HEW in Denver for their review. The full local review and comment procedure will be followed as required both by federal regulations and by rules and regulations established here in the state. Every effort will be made to maximize local input into the development of the State Plan, which will be those plans from the 5 Comprehensive Health Planning Regions, and the plan developed by the Montana Indian Commission on Alcohol and Drug Abuse for Indian alcoholism programming in the state.

If and when federal agencies again are accepting applications for various types of alcoholism grant programs, review, comment, and sign-off by the local Comprehensive Health Planning agency will be required by this Agency. The review and comment system will require the applicant to submit his proposal to local planning and co-ordinating agencies before submitting to the State Alcohol Authority and State A-95 Clearinghouse. This will also provide time for such applications to be properly reviewed by advisory council sub-committees to be convened for the purpose of review and comment upon the application. This will provide for other agencies and planning groups to have an opportunity to review, comment, and provide their input into the submission of such proposals for funding.

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## REVIEW AND/OR APPEAL

A portion of P.L. 91-616 funds will be made available in equal amounts to the five 314(B) agencies and to the Montana Indian Commission on Alcohol and Drug Abuse.

These agencies may elect to sub-grant funds and if this is done the 314(B) planning council will act as a review board for all applications from its region. The Montana Indian Commission will review Indian applications for sub-grant funds.

The executive director and/or chairman of the board of each applicant program will have an opportunity to personally defend his application before the appropriate review group.

In case of an appeal, an applicant may request, in writing, a hearing from the State Alcoholism Advisory Council and may then request, in writing, a hearing from the Executive Director of the Department of Health.

Applications to NIAAA will be reviewed by the 314(B) council or the Montana Indian Commission, as applicable to the situation, and the comments will be forwarded to the State Department of Health and Environmental Sciences.

## ALLOCATION OF FISCAL YEAR 1973 FORMULA FUNDS

The utilization of Comprehensive Health Planning Councils for the purposes of alcoholism planning is proving to be a sound, reasonable and rational strategy. Each of the five Comprehensive Health Planning Districts is made up of two or more of the twelve planning regions designated as Governor's Planning Regions by former Governor Forrest H. Anderson in Executive Order 2-71 on August 24, 1971, and re-affirmed in a memo from Governor Thomas L. Judge on July 31, 1973.

Four of the five districts designated as Comprehensive Health Planning Districts in the State of Montana have organized Comprehensive Health Planning agencies. These agencies, commonly known as 314(B) agencies, are functional in terms of both staff and well organized and functioning advisory councils. They serve in planning, review

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and comment function, and have administrative capabilities. Comprehensive Health Planning District #3 (Eastern Montana) has an agency contracted as the 314(B) Comprehensive Health Planning agency for that area of the state, which has designated Action for Eastern Montana to be the lead agency for alcoholism program planning.

If, in fact, alcoholism and alcohol abuse programs are part of the health delivery system, then the planning activities locally aimed at provision of health services should also be involved with alcohol abuse. Alcoholism has been identified on more than one occasion as one of the leading health problems at the local level throughout the state, and in fact at one time was designated by the State Comprehensive Health Planning Council as one of their three top priorities.

The allocation of formula grant monies into equal portions to the Comprehensive Health Planning Districts and to the Montana Indian Commission on Alcohol and Drug Abuse provides for the most equitable and reasonable distribution of the limited funds available to the State of Montana from alcoholism formula funds.

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AGENCY: Montana Department of Health and Environmental Sciences  
 Cogswell Building, Helena, Montana 59601  
 John S. Anderson, M.D., M.P.H., Director

COMPONENTS	SOURCES OF FUNDS-FY73	PROGRAM ACTIVITY
Alcohol & Drug Dependence Bureau Robert L. Solomon, Chief Phone: 449-3176	FY74 State General Fund \$ 43,370 FY73 P.L. 91-616 Formula Grant (NIAAA) \$200,000	Coordination & promotion of alcohol programming; prevention, treatment, rehabilitation, education research, planning, technical assistance, grant review
	'73 R18-AA00118-02. Occupational Al- coholism Grant (NIAAA) \$ 48,132	Occupational Alcoholism Program for state and local government & private industry
Laboratories Division David Lackman, Ph.D., Administrator Phone: 449-2642	1973 - \$40,354 (DOT) 1974 - \$41,384 (DOT)	Alcohol & drug detection program for operators of motor vehicles on the public highways of Montana

AGENCY:

COMPONENTS	SOURCES OF FUNDS-FY73	PROGRAM ACTIVITY
<p>NOTE:</p> <p>INFORMATION ON THIS AND SUBSEQUENT SHEETS WAS REQUESTED BY THIS          DEPARTMENT OF THE INDIVIDUAL PROGRAMS. FIGURES UTILIZED ARE THOSE          PROVIDED BY THE PROGRAMS.</p>		

AGENCY: Division of Mental Hygiene  
 Warm Springs State Hospital  
 Warm Springs, Montana 59756  
 Stanley J. Rogers, M.D., Director and Superintendent

Phone: 693-2221

COMPONENTS	SOURCES OF FUNDS-FY73	PROGRAM ACTIVITY
Warm Springs State Hospital Miquel Gracia, Clinical Director	Warm Springs Budget for Alcoholism Services including Alcohol Treatment Center at Galen	Acute Detoxification, Medical and Psychiatric Evaluation
Alcohol Treatment and Rehabilitation Program Alcoholism Services Center Galen, Montana Edward Gendle, Director	State General Fund 131,621.88	In-patient Treatment, Counseling, and Rehabilitation, Public and Professional Information, Community Consultation, Alcoholism Counselor Training

AGENCY:

COMPONENTS	SOURCES OF FUNDS-FY73	PROGRAM ACTIVITY

AGENCY: Our House  
 650 W. Pine  
 Missoula, Montana 59801  
 Myron J. Mason, Director/Counselor  
 Fred O. Williams, Chairman, Board of Directors

Phone: 728-9922

COMPONENTS	SOURCES OF FUNDS-FY73	PROGRAM ACTIVITY
	91-616 Formula 40,000.00	Information and Referral
	Rehabilitation	Public Information
	Services 1,252.48	Individual and Group
	Welfare 96.00	Counseling
	United Givers 2,250.00	Residential Treatment
	Client Payments 676.00	Follow-up
	Donations 58.00	Half-Way House
	TOTAL 44,332.48	

AGENCY: Northwest Montana Alcohol and Drug Information Referral Center  
 30 Fifth Avenue, West  
 Kalispell, Montana 59901  
 Wilbur Walter, Chairman  
 Phone: 752-1595

COMPONENTS	SOURCES OF FUNDS-FY73	PROGRAM ACTIVITY
INFORMATION REQUESTED, BUT NEVER RECEIVED		

AGENCY: Alcoholism Rehabilitation Association of Southwestern Montana  
 216 North Ewing  
 Helena, Montana 59601  
 John Allen, Executive Director

Phone: 442-8831

COMPONENTS	SOURCES OF FUNDS-FY73	PROGRAM ACTIVITY
Alcoholism Information and Referral Center 216 North Ewing Helena, Montana 59601 Phone: 442-8831	91-616 Formula \$ 13,300 NIAAA Staffing Grant 136,696 Rehabilitation Services 16,654 Client Payments 17,600 Model Cities 15,750 TOTAL \$200,000	Information & Referral, Public Information, Education  Detoxification in Affiliated Hospital  In-Patient Treatment Facility, Twenty-One Day Treatment Program
New Horizons Treatment Center 1101 Missoula Avenue Helena, Montana 59601 Mark Mozer, Ph.D. Clinical Director Phone: 442-0790		
Alcoholism Information and Referral Center 104 East Main, Room 316 Bozeman, Montana 59715 Mrs. Joy Nash, Counselor-Director Phone: 586-2090		Information & Referral Center of Bozeman, Outreach Program

AGENCY:

COMPONENTS	SOURCES OF FUNDS-FY73	PROGRAM ACTIVITY

AGENCY: Frontier Half-Way House  
 1100 Atlantic  
 Dillon, Montana 59725  
 Mrs. Lilly Weinrich, Director

Phone: 683-4305

COMPONENTS	SOURCES OF FUNDS-FY73	PROGRAM ACTIVITY
	Governor's Crime Control Commission 5,400 11/1/72 - 10/31/73 Rehabilitation Services 1,800 County Poor Fund 1,800 Client Payments 1,500 Donations 6,320 TOTAL 16,820	Short Term Aftercare, Residential Counseling, Public Information, Half-Way House

AGENCY: Community Health Services for Alcoholism  
 603 West Porphyry  
 Butte, Montana 59701  
 Jack Charlson, Acting Director  
 Ellis Donaldson, President, Board of Directors

Phone: 792-2939

COMPONENTS	SOURCES OF FUNDS-FY73	PROGRAM ACTIVITY
New Directions Half-Way House 225 South Idaho (Old) St. James Hospital Butte, Montana 59701 George Dotson, House Manager Phone: 723-9003	Model Cities 20,252 Client Payments 600 Rehabilitation Services 6,000 TOTAL 26,852	Counseling, Aftercare, Information and Referral, Half-Way House



AGENCY: Yellowstone Council on Alcoholism, Inc.  
 28 Burlington Avenue  
 Billings, Montana 59103  
 Tom Towe, President of the Board

Phone: 252-9864

COMPONENTS	SOURCES OF FUNDS-FY73	PROGRAM ACTIVITY
Big Sky Half-Way House 28 Burlington Avenue P.O. Box 645 Billings, Montana 59103 R. W. MacIntyre, Director Phone: 252-9864	Governor's Crime Control Commission 13,140 10/30/72 - 10/29/73 Rehabilitation Services 7,075 Client Payments 1,310 Donations 875 TOTAL 22,400	Aftercare, Including Parolees Counseling, Half-Way House, Group Therapy, Open AA Meetings, Referral Service

AGENCY: Rimrock Foundation  
 Suite 201  
 804 North 29th Street  
 Billings, Montana 59101  
 Elynore O'Brien, Director

Phone: 252-2542

COMPONENTS	SOURCES OF FUNDS-FY73	PROGRAM ACTIVITY
	91-616 Formula 14,216 United Fund 49,000 Client Payments 5,800 Other 4,000 Donations 4,000 77,016	Out-patient Counseling, Referral, Public Informa- tion, Individual Counsel- ing, Group Therapy, Employment Counseling, Marriage Counseling

AGENCY: Miles City Half-Way House  
 115 North Second, P.O. Box 114  
 Miles City, Montana 59301  
 David Tamietti, Director  
 Dr. Melvin Rogstad, President, Board of Directors  
 Phone: 232-2631

COMPONENTS	SOURCES OF FUNDS-FY73	PROGRAM ACTIVITY
	Governor's Crime Control Commission 14,970 10/30/72 - 10/29/73 Client Payments 3,600 Donations 1,000 TOTAL 19,570	Half-Way House, After-care, Counseling

AGENCY: Action for Eastern Montana Community Action Program  
 Earl Hubley, Executive Director  
 Alcohol and Drug Dependence Program  
 Phil Sullivan, Director  
 Glendive, Montana 59330  
 Phone: 365-4100

COMPONENTS	SOURCES OF FUNDS-FY73	PROGRAM ACTIVITY
Dilworth and Ames Glendive, Montana 59330 Box 839 Glasgow, Montana 59230 Herb Sukut, Counselor Phone: 228-9093 Miles City, Montana 59301 Harold Selvig, Counselor Phone: 232-5509 Forsyth, Montana 59327 Bob MacConnel Phone: 356-2670 Plentywood, Montana Ron Hjelmstad, Counselor Phone: 765-2361	OEO-NIAAM Transfer 71,775 12/1/72 - 11/30/73 91-616 Formula 18,400 TOTAL 90,175	Counseling, Public Information, Technical Assistance, Program Consultation

AGENCY: Cascade Council on Alcoholism  
 920 4th Avenue North  
 Great Falls, Montana 59401  
 H. William Coder, Chairman of the Board

Phone: 727-2512

COMPONENTS	SOURCES OF FUNDS-FY73	PROGRAM ACTIVITY
Providence Resocialization Center 920 4th Avenue North Great Falls, Montana 59401 Paul Davis, Jr., Director Phone: 452-7465	LEAA 21,383 City Revenue Sharing 20,000 Welfare 6,832 Rehabilitation Services 31,122 Federal Parole 2,670 Client Payments 10,031 OEO 6,650 Donations 9,313 TOTAL 108,001	Residential Treatment, Counseling, Men and Ex-felons
Providence Ranch Carter, Montana 59420		

AGENCY: Hill-Top Recovery Center  
 1020 Assiniboine  
 Havre, Montana 59501  
 Herbert Bauer, Director

Phone: 265-9665

COMPONENTS	SOURCES OF FUNDS-FY73	PROGRAM ACTIVITY
	OEO-NIAAA Transfer 44,000 91-616 Formula 25,928 City Revenue Sharing 3,500 Rehabilitation Services 2,599 City & County 5,743 United Fund 2,500 Client Payments 2,246 Jaycees 1,300 Drug Survey Grant 4,475 Donations 1,894 TOTAL 94,185	Information & Referral, Community Education, Half-Way House Treatment and Rehabilitation of Alcoholics

AGENCY: Blackfeet Reservation Alcoholism Program  
 Box 62  
 Browning, Montana 59417  
 Leo Kennerly, Program Director

Phone: 338-7178

COMPONENTS	SOURCES OF FUNDS-FY73	PROGRAM ACTIVITY
	OEO-NIAAA Transfer 40,000 Tribal Revenue Sharing 4,290 CAP & New Careers Salaries 24,900 Treatment Center 13,500 TOTAL 82,690	Counseling, Information, Referral

AGENCY: Flathead Reservation Alcoholism Program  
 2305 Main St., Box 270  
 Ronan, Montana 59831  
 Harold Campbell, Director (acting)

Phone: 676-0441

COMPONENTS	SOURCES OF FUNDS-FY73	PROGRAM ACTIVITY
Flathead Tribal Alcoholism Program Ronan, Montana	OEO-NIAAA Transfer 24,988	Counseling, Information, Referral, Half-Way House
Crisis Center and Detox Unit St. Lukes Hospital Ronan, Montana	USPHS-IHS 88,000 TOTAL 112,988	Detox Unit & Staff St. Lukes Hospital Ronan, Montana



Fort Belknap Reservation Alcoholism Program  
 Box 307  
 Poplar, Montana 59255  
 Jack Pipe, Alcoholism Counselor

Phone: 763-3352

COMPONENTS	SOURCES OF FUNDS-FY73	PROGRAM ACTIVITY
	OEO-MIAMA Transfer 33,223 10/1/72 - 9/30/73 IHS 9,000 Jaycees 200 Tribal Revenue Sharing 1,200 TOTAL 43,623	Counseling, Information, Referral, Half-Way House, Thrift Shop

AGENCY: Montana Indian Commission on Alcohol and Drug Abuse  
 c/o Tri-State Tribes  
 Eastern Montana College  
 Cisel Hall  
 Billings, Montana 59101  
 Mark Small, Executive Director

Phone: 248-7131

COMPONENTS	SOURCES OF FUNDS-FY73	PROGRAM ACTIVITY
	91-016 Formula 27,000	Compilation of data, identifying the needs, priorities, and current status of program concerning Indian alcohol- ism and drug abuse within the state;  Assistance to Indian communities for the pla- ning, development, and funding of Indian al- ism and drug abuse pro- grams on the local levels.

AGENCY: Northern Cheyenne Reservation Alcoholism Program  
P. O. Box 381  
Lame Deer, Montana 59043  
Norman Wolfchief, Alcoholism Counselor  
August Bighead, Chairman of the Board

Phone: 477-0381

COMPONENTS	SOURCES OF FUNDS-FY73	PROGRAM ACTIVITY
Alcoholism Center	OEO-NIAAA Transfer 56,409 12/1/72 - 11/30/73 Welfare 300 Rehabilitation Services 2,500 Client Payments 500 Tribal Funds 9,000 Donations 3,000 TOTAL 71,709	Counseling, Information, Referral, Half-Way House

AGENCY: Helena Indian Alliance  
436 North Jackson  
Helena, Montana 59601  
Larry Trotchie, Director

Phone: 442-9334

COMPONENTS	SOURCES OF FUNDS-FY73	PROGRAM ACTIVITY
	91-616 Formula 7,852	Information, Referral, Community Outreach

AGENCY: North American Indian Alliance  
72 East Park  
Butte, Montana 59701

Phone: 723-2309

COMPONENTS	SOURCES OF FUNDS-FY73	PROGRAM ACTIVITY
	Not Currently Funded	

AGENCY: Rocky Boy Reservation Alcoholism Program  
Rocky Boy Route  
Box Elder, Montana 59521  
Paul Mitchell, Executive Director

Phone: 395-2736

COMPONENTS	SOURCES OF FUNDS-FY73	PROGRAM ACTIVITY
	OEO-HIAAA Transfer 25,000 1/1/73 - 12/31/73 Tribal Revenue Sharing 250 TOTAL 25,250	Counseling, Information, Referral

AGENCY: Fort Belknap Reservation Alcoholism Program  
Harlem  
Montana 59526  
Stephen Fox, Director

Phone: 353-2731

COMPONENTS	SOURCES OF FUNDS-FY73	PROGRAM ACTIVITY
	OEO-NIAAA Transfer 44,964 11/1/72 - 10/31/73	Counseling, Information, Referral, Half-Way House, Detox at I.H. Hospital

AGENCY: Crow Reservation Alcoholism Program  
c/o CAP  
Crow Agency, Montana 59022  
Harold Stone, Director

Phone: 638-2933

COMPONENTS	SOURCES OF FUNDS-FY73	PROGRAM ACTIVITY
	OEO-NIAAA Transfer 30,000	Counseling, Information, Referral



## ASSURANCES

### Nondiscrimination

1. That all services provided under the state plan will be made available without discrimination on account of sex, duration of residence or ability or inability to pay for such services. In addition, Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d; 78 Stat. 252), which provides that no person in the United States shall, on the ground of race, color, creed, or national origin be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance, is applicable to services and programs provided under the state plan.
2. That no formula grant funds will be awarded to public or private general hospitals which have received Federal funds for alcoholic treatment programs and which refuse admission and treatment to alcoholic persons solely on the basis of their alcoholism.

In addition, all of the other required assurances as described in previous state plans are being met by this FY 74 plan. There have been no changes.

SIRS  
(Statutory Information Retrieval System)

With the cooperation of the Division of Planning and Economic Development of the Montana Department of Intergovernmental Relations, a computer search of the Revised Codes of Montana has been completed. This soft-ware package, known by the acronym SIRS (Statutory Information Retrieval System), has enabled the Department to utilize key words to find those sections of the state codes that refer to alcoholism and related areas. By utilizing these key words, it has been possible to search the codes and print the specific citation in the codes, or the full text of the section containing the key word.

The SIRS print-out has been updated to include the statutes enacted during the first session of the 43rd Legislative Assembly, January & February, 1973, and further updating will be done as needed.

This SIRS print-out has been utilized by college and high school students, by the courts, the Legislative Council researchers and photocopies have been sent in response to inquiries for information.

Inquiries concerning specific sections of the statutes are to be encouraged and we will welcome anyone to come into the office and review the complete print-out. Individual pages and references are of such form that they can be copied through office copying machines and made available in that format.

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## EVALUATION

A general evaluation of the Bureau functions has been included in the A-102 report, submitted to Region VIII of HEW (see copy). An evaluation of program activity throughout the state is more subjective, as a detailed data base continues to be unobtainable.

The Bureau has been closely involved with the programs serving the alcoholic and the alcohol abuser in Montana. A general overview of these programs indicates that considerable progress has been realized in several distinct areas.

The training level of the program personnel has shown much improvement. This is a result of numerous training seminars, workshops, and other learning experiences that have been available. Many of the program staff have been eager participants. The programs have also formed an association which is considering personnel standards and criteria. The association is also interested in future training needs and certification of personnel. Progress in the area of training, while not spectacular, has been noticeable.

The physical facilities of the alcoholism programs in Montana have been substantially upgraded toward meeting fire and life safety standards. Facilities were inspected by the Hospital and Medical Facilities Division of the Health Department and specific deficiencies were noted. Most of the problem areas have been corrected or are in the process. Some of the programs have moved to new locations as a result of these inspections. The current status of the physical facilities should be noted as substantially improved and improving.

An important area that has shown much movement is community relations and involvement. Many of the programs have been able to develop a meaningful level of community participation. This has been done through service groups, church affiliations, community education, and increased visibility of the alcohol programs. Most of the program people have been able to broaden their perspective as to how their operations might be more community centered. The growth in this particular aspect has been significant, as evidenced by greater community participation in the boards of directors and the operations of community programs.

The community involvement aspect has shown much improvement. However, this has not yet been translated into community funding. There are a few exceptions, but the majority of programs have been

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less than successful in obtaining funds from the city and county budgets and from the revenue sharing monies. Some of the local programs may become inoperative as a result of funding difficulties.

Another subjective evaluative measure is the day-by-day working relationship between the Department and local programs. They are measurably improved. A feeling of mutual trust and understanding is replacing one of suspicion and mistrust. A review of minutes of the Advisory Council points this out, as shown in the attached minutes of the meeting of October 11, 1973.

(Due to the length of those minutes, they are included only in the copies of this plan submitted to the Regional Office, HEW, to the A-95 Clearinghouse and in those copies on public review for thirty days at locations cited elsewhere in this plan. The full minutes of the Advisory Council are kept on file at the office of the Alcohol and Drug Dependence Bureau, Department of Health and Environmental Sciences, Helena, Montana).

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PERFORMANCE REPORT FOR THE PUBLIC LAW 91-616 ALCOHOL FORMULA GRANT  
COVERING THE PERIOD FROM 7/1/72 THROUGH 6/30/73

INTRODUCTION

The goals of the State Plan were listed as a series of 6 priorities. They were to cover a multi-year period and so none were expected to be finished or completed during the year of this report. These priorities were as follows:

1. The development of a comprehensive range of accessible services for the alcohol abuser, the alcoholic, and his or her family. Such services will include, but not be limited to, the broad range from crisis intervention and emergency services to emergency detoxification; screening, diagnostic, and referral services; in-patient and out-patient services; transitional or intermediate services such as half-way houses, foster home and day-care facilities, and a broad spectrum of training and rehabilitative services.
2. The carrying out of an in-depth survey of the problem of alcohol abuse and alcoholism in the state so that a base line may be established and ongoing data collection and analysis utilized to provide an evaluation of efforts in this Plan and in the services being made available throughout the state.
3. The training of professionals, para-professionals, and volunteers in the provision of services for the alcohol abuser and the alcoholic and in the development and provision of standards for such individuals and alcoholism services throughout the state.
4. The development of a program of occupational and industrial alcoholism for employees of local, county, and state government and private industry in the state. This particular priority is being addressed through a project application now under consideration for the National Institute of Mental Health which we hope will begin to provide necessary services for a three-year period on or about June 1, 1972.
5. The enactment and implementation of the Uniform Alcoholism and Intoxication Treatment Act as drafted by the National



Conference of Commissioners on Uniform State Laws. Coupled with the enactment will be a comprehensive program of education for the public and those professionals and agency personnel who will be directly affected by the enactment of such a statute.

6. Education of the public and particularly of school-age children in the nature of alcoholism and its problems as an ongoing and everyday facet of our living. The affect of alcohol upon the individual and society and education to understand this impact is important. Priority should be directed toward the realization that alcohol is with us and will be with us and an abstinence approach will not work. We will have to learn to live with this drug and do what we can to minimize its impact on the individual and society.

This report will list the formula grant program goals under I through VI. The performance report for each goal will be listed as a sub-heading under the goal and numbered 1 through 7.

I. The development of a comprehensive range of accessible services to the alcohol abuser, the alcoholic and his or her family

1. See above

2. Actual Accomplishments:

The availability of a comprehensive range of services for the alcohol abuser and his or her family was approached from a local community view point. The existing services at the local community level were encouraged to broaden their scope and become truly comprehensive for their own community. The community alcoholism services were awarded grant-in-aid funds to help them expand their services and become truly comprehensive. Nineteen programs applied for a total of \$387,000. Ten were funded for a total of \$167,000. The local communities, without actual services for the alcohol abuser or his family, were encouraged to establish alcoholism councils and review the needs of their community and initiate efforts toward the establishment of the necessary programs and facilities. These same communities were also given strong encouragement and state level assistance to help "plug-in" to the services offered by programs existing in neighboring communities. The development of comprehensive services for the alcohol abuser, the alcoholic and his or her family for the vast State of Montana, is a multi-year, long range project. The overall accomplishments toward this goal for the first year must be considered as "relatively successful".

3. Reasons for slippage or failure to meet the goal:

The enormity of the state, the lack of development of local resources, the minimal number of state agency staff (2 people), have precluded a slow level of progress toward this goal. The progress toward the development of comprehensive services for the alcoholic and his or her family throughout the entire State of Montana has been substantial. However, the rate of this progress has been less than anticipated when the state plan was developed. We anticipated doing more in the area of community organization than we were able to carry out.

4. The quantification of the output of the program and the estimated cost of the program:

\$157,000 or 79% of the formula grant was used for grants-in-aid to the local programs. The data pertaining to the cost per person reached is being collected and assessed and no definitive statement can be made at this time. This cost figure would be broken down to \$2.80 per person in the target population of alcoholics as estimated in the state plan. For the first year state plan, no cost figures are available for the greater population to be served; that is those affected by the alcoholic which includes his family, his employer, and his immediate neighbors.

5. Discussion of other aspects of the programs impact such as unanticipated beneficial effects and so forth:

Numerous beneficial side affects were generated through the efforts to develop comprehensive services in the communities of Montana. The most notable affect was the generation of considerable interest by other community groups and organizations. In many instances communities for the first time began to see and understand the enormity of the problem in their own community. This was in turn translated by numerous community groups to the comprehensive health planning councils as a "high priority for health services". Another unexpected benefit from the use of these formula funds has been the initiation at the local level of a substantial thrust to obtain legislation establishing a tax on the sale of beer and liquor for the purposes of alcohol prevention, treatment and rehabilitation. This particular thrust will undoubtedly have a long range impact on the amelioration of this problem for the State of Montana.

6. Unit costs:

Data is not available now but material now being developed may be utilized to project unit costs.

7. Goals for the program for fiscal year 1974:

Activities projected at this time would be to utilize planning and priority setting by the comprehensive health planning councils on a regional basis to further develop services and programs for the alcohol abuser. The proposed introduction of the Uniform Intoxification Act and statutory responsibilities related to it may materially influence activities for fiscal year 1974, should the model act be passed.

II. The carrying out of an in-depth survey of the problem of alcohol abuse and alcoholism in the state

1. See above

2. Actual accomplishments:

A data collection and analysis system related to those needing these services and those obtaining such services was essentially non-existent at the inception of this state plan. During the period covered by this report, the major population center of the state (Billings--Yellowstone County) conducted an in-depth survey of the extent of the need in the community and the range of available services to help meet the need. The findings of this survey in the major population center of the state indicate that the need is substantially larger than the figures projected as the national average, and that the range of existing services is inadequate to meet the needs as shown by the survey.

The statewide survey thrust has led to the initiation and development of a survey instrument that will be used at program level in the State of Montana and will lend itself to data summarization and analysis for future use. This development is expected to have impact on the availability of statistics showing the total scope of the problem and the total effort being made to resolve the problem: i.e.--patients in various levels of treatment, over and under utilization, etc.

3. Reasons for slippage or failure to meet the goal:

The progress of this survey effort in some of the Montana communities has been slower than anticipated. This is due to the lack of program personnel, which necessitates the same people who are rendering services to collect data.

In most instances the rendering of direct service to the alcohol abuser, the alcoholic or his or her family has a higher priority than the collection and assessment of data. This is seen as a problem area and hopefully the rate of progress will increase for the development of a substantive, well documented data base.

4. The quantification of the output of the program and the estimated cost of the program:

The particular and special nature of this goal does not lend itself to a quantification of unit cost. The available information is not definitive at this time.

5. Discussion of other aspects of the programs impact such as unanticipated beneficial effects and so forth:

The special benefits from the survey efforts are materially and integrally related to Goal I, and have provided an unmeasurable amount of support for the development of the comprehensive range of services. This particular impact has been noticeable in every community of Montana.

6. Unit costs:

The unit costs of this survey were low and no further comment seems necessary.

7. Goals for the program for fiscal year 1974:

Continued data collection and assimilation; and constant monitoring of program activities through standardized reporting systems.

### III. The training of professionals in the provision of services for the alcohol abuser and the alcoholic, and in the development and provision of standards for such individuals

1. See above
2. Actual accomplishments:

All of the current alcoholism program directors and most of the alcoholism counselors in the State of Montana have participated in one type of training experience during this reporting period. These workers have been encouraged and in many cases have had their travel and per diem expenses paid for by the state agency for participation in training programs located throughout the United States.



The training programs that have been utilized for the upgrading of skills of the Montana workers include: The National Alcoholism Training Program for Professionals, Washington University in St. Louis; University of Utah Alcoholism Summer Training Program, Salt Lake City; Western Indian Alcoholism Training Program, University of Utah; University of Calgary Alcoholism Summer Training Program; Edmondton Alberta Alcoholism Summer Training Program; Nebraska Summer Institute on Alcohol Studies; International School of Alcoholism Studies, Grand Forks, North Dakota; and the 1973 Summer Institute of Alcohol Studies, University of Wisconsin. In addition to these out of state training resources, the Montana Department of Health, in conjunction with the American Public Health Association, sponsored an intensive training program for program directors, program board members, and those charged with decision making responsibilities. This training program focused on aspects of program planning for long range development, program evaluation, program review and program modifications. While the training of professionals must be ongoing and continuous, the impact from the training efforts during this reporting period should be considered substantial, profound, and long lasting. A need for training of program boards is obvious, but was not developed during the year.

3. Reasons for slippage or failure to meet the goal:

No slippage is apparent, the goal is being met, and future efforts will be continued.

4. The quantification of the output of the program and the estimated cost of the program:

The results of professional training programs do not lend themselves to unit quantification. \$10,000 was allocated for the training of professional people in the State of Montana during this reporting period, while the unit costs for the net results do not lend themselves to measurement, the results are considered to be "exceptional" and will have a substantial and long range impact on the growth and development of professionalism in the delivery of services for the alcohol abuser, the alcoholic, and his or her family.

5. Discussion of other aspects of the programs impact such as unanticipated beneficial effects and so forth:

Local community groups immediately sensed the importance of professional training for those delivering services to the alcoholic and in numerous instances have provided funds to



send their own professional workers to training seminars, workshops and other learning experiences. The Jaycees in particular have become involved in this training effort and have utilized their own economic resources for the provision of training experiences.

6. Unit costs:

The unit costs for this portion of the state formula plan were low and no further comment seems necessary.

7. Goals for the program for fiscal year 1974:

Continued support of individuals being trained through stipends and travel assistance, and continued effort toward development of standards for staffs, programs, and facilities.

IV. The development of a program of occupational and industrial alcoholism

1. See above

2. Actual accomplishments:

The first aspect of this goal has been accomplished as the application for an Occupational Alcoholism Grant was approved and funded. This allowed for the hiring of 2 staff people, who are devoting their full time toward the implementation of the establishment of an industrial occupational alcoholism program for employees of local, county, state government and private industry in the state. During the period covered by this report, the 2 Occupational Program Consultants have established communication with major employers in the State of Montana and have likewise established lines of communication with the major labor organizations operating throughout the State of Montana. In addition, the Occupational Alcoholism Program has made contact with many state departments and is developing a thrust that will reach all state employees. While this goal represents an ongoing thrust or effort, it should be considered for the period covered by this report that the goal has been achieved.

3. Reasons for slippage or failure to meet the goal:

For the reporting period, the goal has been met.

4. The quantification of the output of the program and the estimated cost of the program:

Since our budget is not intended for direct services, it seems impossible to make an estimate of unit cost for accomplishment or a quantification of output.

5. Discussion of other aspects of the programs impact such as unanticipated beneficial effects and so forth:

In the development of the consortium of treatment and referral it is evident that many segments of the community have become more aware of the problem within their community. There is no one area which seems to be more prominent. Due to the nature of the consortium all helping agencies in the community must be coordinated. These agencies have been very supportive. In addition, all companies, large and small, and local governments must be contacted for participation. At present there has been noted good acceptance for the Employee Assistance Consortium. Unanticipated benefits have been noted in many civic groups, teachers organizations, labor organizations and business, and professional organizations. It appears that a good community awareness is being achieved.

6. Unit costs:

No other pertinent information and no indication of high unit costs.

7. Goals for the program for fiscal year 1974:

Continuation of implementation of the Occupational Alcoholism Grant Program.

V. The enactment and implementation of the Uniform Alcoholism & Intoxication Treatment Act as drafted by the National Conference of Commissioners on Uniform State Laws

1. See above
2. Actual accomplishments:

This goal was not accomplished during the period covered by this report.

3. Reasons for slippage or failure to meet the goal:

The Model Statute was not introduced into the legislation. While the Montana Legislature did not take any official action toward the passage of the Uniform Act, numerous legislators indicated support for the concept and indicated a degree of optimism for future passage of this Uniform Act.

4. The quantification of the output of the program and the estimated cost of the program:

No comment can be made on this point.

5. Discussion of other aspects of the programs impact such as unanticipated beneficial effects and so forth:

Numerous community groups have become active in their efforts to obtain the passage of this legislation. During the period covered by this report, these community groups were organizing themselves so that they may be able to exert a considerable lobbying effort on behalf of this legislation and coalescing to develop documentation and unified support.

6. Unit costs:

There is no other pertinent information and no indication of high unit costs.

7. Goals for the program for fiscal year 1974:

The goal will remain the same, i.e. passage of the act.

VI. Education of the public and particularly of school-age children in the nature of alcoholism and its problems as an ongoing and every-day facet of our living

1. See above

2. Actual accomplishments:

This goal is ongoing, long range and will probably be listed as a goal for an indefinite period of time. A definitive assessment of the accomplishment during the reporting period is not available. Education of the public has been carried out through the showing of films, distribution of pamphlets, lectures and community forums. Subjectively, the assumption may be made that education has and is taking place.

The education of school-age children regarding alcoholism has been less effective and slower in being implemented.

3. Reasons for slippage or failure to meet the goal:

The Department of Health, i.e. the State Alcoholism Authority, has been unable to acquire the services of personnel who would work with the public school population in alcohol education. A secondary reason for slippage is a persistent

attitude on the part of parents and school board members that essentially negates the opportunity to work with students in this regard as opposed to other drugs.

4. The quantification of the output of the program and the estimated cost of the program:

Quantification is not readily available.

5. Discussion of other aspects of the programs impact such as unanticipated beneficial effects and so forth:

None

6. Unit costs:

None

7. Goals for the program for fiscal year 1974:

This will remain the same as stated for the previous year, with an increased effort made to show a greater involvement with some quantifiable results evident.

## TRAINING

Training in the field of alcoholism continues to be one of the priority areas for the expenditure of formula funds. During the period 7/1/72 to 11/30/73, 117 people received specialized training in various aspects of alcoholism programming, program management and planning through the auspices of this Department.

The training was conducted in seminars and workshops located throughout the United States, as well as a highly specialized four-day alcoholism control seminar here in Helena. Participants in the specialized training programs received travel expenses and per diem, tuition or registration fees, and/or various combinations of financial aid in order to participate in the various training activities. Total amounts of money spent by this Bureau during the period for training totalled \$8,189.41.

One of the more important training functions was the Alcoholism Control Seminar held in Helena, jointly sponsored by the Alcohol & Drug Dependence Bureau of the Department of Health & Environmental Sciences and the American Public Health Association, Western Regional Office, San Francisco, California. This intensive four-day seminar was designed for people at the leadership level to show how effective intervention could be identified and how programs for alcoholism control could be designed at the community level. In addition to the funds spent for training in this Bureau, the Western Branch of the American Public Health Association shared in the funding of travel expenses and reimbursed some of the seminar participants for their expenses. As a result, all of the participants had travel and per diem costs covered by the two agencies.

Other training programs include the University of Utah Summer School of Alcohol Studies and the Western Regional Indian Alcoholism Training programs at the University of Utah in Salt Lake City, and other programs conducted at Kenosha and Madison, Wisconsin; Grand Forks, North Dakota; Portland, Oregon; Scottsbluff, Nebraska; Avon Park, Florida; Washington, D.C.; Bloomington, Minnesota; and Calgary, Alberta, Canada.

The importance of training in alcoholism has been stressed in previous state plans and will continue to be a high priority activity for the utilization of available resources. As a portion of this training, the need to carry out board training is felt to be more and more essential, and will receive the highest priority for funding consideration.

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The staff of the Alcoholism Services Center, under the direction of Mr. Ed Gendle, developed a proposal for the training of alcoholism workers in Montana.

This proposal was submitted to the NIAAA for funding.

PROPOSED PROGRAM TO TRAIN, PROVIDE AND SUPPORT 12 PROFESSIONAL COUNSELORS--ALCOHOLISM TO SERVE IN THE COMMUNITIES OF MONTANA DURING THE PERIOD OF 1973-1976, PREPARED AND SUBMITTED TO NIAAA BY THE WARM SPRINGS STATE HOSPITAL, WARM SPRINGS, MONTANA, ON JANUARY 26, 1973

A brief description of the training program, as taken from the application is as follows:

"The primary purpose of this program is the prevention and treatment of alcoholic abuse and alcoholism in the State of Montana. This is to be done, in part, by a comprehensive program consisting of both practical and theoretical experiences, under professional supervision and instruction, for 12 counselors--alcoholism, and their placement in selected mental health centers, county health offices, welfare offices or other appropriate community agencies of Montana. Thus making a professional service available, at the community level for the evaluation, treatment and rehabilitation or referral of the drinking alcoholic. Further, the establishment and evaluation of a continuing training program leading to the certification by the State of Montana of counselor--alcoholism."

The persons to have been trained by this proposal were men and women with high school education or GED equivalent and selected for their mature judgments and qualifying personalities. Priority would be given to the recovered alcoholic providing: (1) the applicant will have 2 years of complete abstention from alcohol in any form or cross dependent drugs; and (2) have been active in Alcoholics Anonymous for a period of 2 years.

The training facilities and procedures would be the Montana Alcoholism Services Center, Warm Springs State Hospital. The trainee will spend 2 college quarters attending lectures, living with alcoholics during all phases of their treatment, interviewing patients, originate formal clinical evaluations in presenting patients at alcoholics clinics. Films, tapes, guest lectures, and seminars, group and individual therapy. (32 quarter hours) The Montana State University, 1 college quarter. Counseling, individual, group and family. Montana and federal law, community involvement techniques. Technical writing (12 quarter hours), University of Utah (2 quarter hours). Field assignment training (1 quarter -- practical, supervised and individual, 14 quarter hours). The amount requested by the

proposal was \$189,842 for the first year, \$285,716 for the second year and \$232,097 for the third year. This is a total of \$707,655.

The National Advisory Council on Alcohol Abuse and Alcoholism, at its meeting on June 18-19, 1973, did not recommend approval of the training grant. Dr. Morris Chafetz, on June 29, 1973, transmitted that information and rejection to Mr. Edward W. Gendle, Co-ordinator of the Montana Alcoholism Services Center, and Project Director in the proposal.

A revised training grant request is being prepared with the aid of Montana State University and others that will incorporate or provide satisfactory explanations for the items noted as weaknesses in the original application. It has been planned to re-submit the proposal for consideration by NIAAA before the first of January, 1974, but at the time of this writing it appears that the revised submission will not be possible until sometime in the late winter or spring of 1974, late in fiscal year 1974.

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## STAFF TRAINING AND DEVELOPMENT

One of the major areas of involvement of the Bureau has been the continued training and developmental process within the Bureau. All of the employees of the Bureau have been encouraged to attend various types of training activities and have participated to the maximum that time permits. These training experiences have ranged from one or two day seminars to programs taking several weeks. Several of the programs have been extremely limited in scope, where as others have been quite broad in their concern. Some of them have been for preliminary orientation in a particular programmatic area, where as others have been involved in depth with areas such as program planning, administration, and evaluation. Examples of the types of training that have been utilized by the staff of the Bureau are as follows:

- A regional program for the training of state alcoholism program staff, conducted by the states within Region VIII and the Regional Office of HEW. This program was conducted in Salt Lake City. One of the Bureau staff served in the committee to plan and arrange the seminar.
- The training seminars for Occupational Alcoholism Consultants, conducted by the National Occupational Alcoholism Training Institute of East Carolina University;
  - June, 1972, Pinehurst, North Carolina
  - December, 1972, San Francisco, California
  - June, 1973, San Antonio, Texas
  - January, 1974, New Orleans, Louisiana
- One of the Occupational Alcoholism Consultants has served at the request of the National Occupational Alcoholism Training Institute as a regional representative on the planning committee for this training and has participated in planning conferences in Milwaukee, Wisconsin; San Francisco, California; and New Orleans, Louisiana.
- The Occupational Alcoholism Consultants also participated in the meeting of the Association of Labor and Management Consultants on Alcoholism conducted in Washington, D.C.
- Two staff members have attended the National Alcoholism Training Program for Professionals, conducted by the Social Science Institute of Washington University, St. Louis, Missouri. This has been conducted around the activities ongoing in St. Louis County, particularly at the St. Louis Detox and other related facilities.

- One of the Occupational Alcoholism Consultants attended and participated in the International School of Alcohol Studies conducted at the University of North Dakota in June of 1973. This internationally recognized School of Alcohol Studies is conducted jointly by the State Alcoholism Authorities of the States of North and South Dakota and the University of North Dakota.
- Members of the staff participated in the Alcoholism Control Seminar jointly sponsored by this Department and the Western Branch, American Public Health Association. This seminar was conducted for alcoholism program staff and community decision makers from throughout the state in Helena in the spring of 1973.
- One of the program consultants from the Bureau participated in the Program Planning and Evaluation Seminar conducted jointly by the State Department of Health & Environmental Sciences and the Western Branch, American Public Health Association. This particular seminar is concerned with the more involved aspects of ongoing program planning and evaluation, as is required and necessary for the operation of agencies such as this.
- The Bureau Chief participated in the training for the Site-Visit Task Force of the National Institute of Alcohol Abuse and Alcoholism, conducted in Rockville, Maryland in November of 1972. He then participated in the Site-Visit Team that conducted the on-site evaluation of the Alcoholism Treatment Center in Helena, Montana. The Site Visit Team consisted of representatives of the central office of the National Institute of Alcohol Abuse and Alcoholism; the State Alcoholism Authority for the State of Alaska; the Regional Office, DHEW, Denver; the Research Triangle Institute, North Carolina; and the Bureau Chief, as representative of the state agency.

Within the Department of Health & Environmental Sciences, the Bureau has been involved in many of the ongoing activities of the Department.

- The Bureau Chief participated in the Program Manager's Meetings conducted by the Director of the Department twice each month. He also has been involved in the Departmental Legislative Study Committee.
- The Bureau Chief attended and participated in the first executive seminar conducted by the National Center on Alcohol Education in Arlington, Virginia. The series of executive seminars are being



conducted for directors of state alcoholism authorities by the NCAE. The National Center, developed through a contract with NIAAA, will also be providing other types of training and technical assistance in training. It is also involved in the development of curriculum materials for various levels of training, and alcoholism education curricula in the schools.

- The Bureau Chief attended and participated in the annual meeting of the Alcohol and Drug Problems Association of North America, held at Bloomington, Minnesota. He is a member of the Association.
- The Bureau holds an associate membership in the Association of Alcoholism Halfway House Programs. This membership has provided us with a most valuable resource regarding the philosophy and operation of transitional facilities such as half-way and quarter-way houses.
- Two of the staff of the Bureau have participated on the Staff Development Seminar Committee of the Department. This particular committee plans and carries out the monthly professional staff seminars that have been conducted within the Department for a number of years. The purpose of these seminars is to keep the staff abreast of developments in the field of public health, and related health and welfare agencies in the State of Montana.
- The staff of the Bureau participated in the Eastern Montana Intra-Departmental Planning Team. The purpose of this team is to provide (1) coordination of programs sponsored by the Department in eastern Montana, and (2) for planning with programs and personnel in eastern Montana for the resolution of health needs as seen by the people in eastern Montana.
- The Bureau has also participated in the Departmental Library Committee, to review the function of the departmental library and activities related to it.
- The clerk-stenographer of the Bureau was elected and serves as the representative of the Health Services Division to the Departmental Unit of the Montana Public Employees Association.
- The Bureau participated in the Association of State and Territorial Health Officers (ASTHO) survey of state health department activities. This involved translating Bureau functions into the format of the survey. Preparing the document required considerable interaction with the Bureaus of Records & Statistics and Central Services in correcting data into proper form. This data is subsequently analyzed by ASTHO to obtain a national picture of health department activities.



----- The staff of the Bureau also participates in activities related to other areas of public health. An example of this: the Bureau Chief is a member of the Board of the American Cancer Society, Montana Division, Inc. He serves on two of the committees of that board--the Student Fellowship Committee and the Public Education Committee. Other members of the staff participate in various civic activities within the community of Helena.

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## EDUCATION

The utilization of state formula grant monies, and monies available through the Occupational Alcoholism Grant Program have provided the Bureau the opportunity to purchase various types of literature and audio-visual materials. Records from August 1, 1972, through December 1, 1973, show that 57,550 pieces of literature were purchased. These include such things as hand-out cards, pamphlets, booklets, and posters. These materials have been distributed to local alcoholism programs, labor and industry groups, school and university students requesting materials, and the general public. Many of the materials have been provided upon request for various groups in the state, in varying numbers. A considerable portion of the materials purchased have been of general information, although specific technical and professional literature also has been purchased.

In the area of audio-visuals, some 32 films ranging in length from short 3-5 minute discussion leaders through 27 minute long TV type presentations have been purchased. 81 film strips have also been purchased by the Bureau. Of this total, 75 were of one title, of which 70 were distributed to local alcoholism programs and schools throughout the state. Five slide series, dealing with Occupational Alcoholism Program activity were also purchased by the Bureau.

The Bureau does not maintain a film library. All of the films purchased were deposited in the departmental film library maintained and operated by the Health Education Bureau. The films are available, upon request, to the public by writing to the Health Education Bureau, Department of Health and Environmental Sciences, Helena.

Those films that were purchased by the Bureau were previewed before purchase. Most often these preview committees consisted of local or state staff involved with alcoholism programs, and state staff with particular specialities in the area of program development, public health education, nursing, etc. A number of films and materials were reviewed for possible purchase, but were rejected. They were rejected on the basis of the non-applicability of the message, the scientific and programmatic errors and inadequacies in the material, or the excessive costs in relationship to the benefit that would be derived from the utilization of the material.

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There is a definite need for alcoholism education materials. The additions to the film library are being well received and are being well utilized. Information about these materials has been circulated to the local alcoholism programs, each one having been provided with an up-to-date film catalogue from the Department of Health and Environmental Sciences. Any additions to the departmental film library will be noted, so that local alcoholism programs in the state will be kept aware of the new additions to the library, and their availability.

The Bureau has purchased several professional journals and similar publications for utilization by the Bureau, and for routing through the Department. These publications include the Quarterly Journal of Alcohol Studies, The International Journal of Addictions, and The Journal, published by the Addictions Foundation of Ontario, and the various U.S. Government journals and publications that are available in the field of alcoholism and related areas.

We are aware of the fact that handing out of literature and visual images does not motivate. The process of education linked with prevention, treatment and rehabilitation in the area of alcoholism is far more complex than perhaps many other areas of health education.

One of the major needs in the state is for at least one person on a full time basis to be involved state-wide in alcoholism education. At this time there is no such person. This person would provide direct programming upon request to teacher groups, service groups, youth groups, public service organizations in the presentation of programs concerning the use, mis-use and abuse of alcohol. This person would also work very closely with persons involved in school health, health education and other areas closely related and concerned with alcoholism education in the state.

During the 1971 session of the Legislature, an Act was passed regarding drug and alcohol abuse education. "The purpose of this act is to protect the health and safety of the people of Montana from the menace of drug and alcohol abuse. The legislative assembly intends to require education graduates of any unit of the Montana university system, or any private college, or private university in Montana, to be aware of the problems resulting from drug and alcohol abuse and to be somewhat knowledgeable in dealing with these problems among students, and to require all public and private junior high school students and all public and private high school students in Montana to be aware of the problems resulting from drug and alcohol abuse." (R.C.M. 75-8901-75-8905)

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However, no state monies were appropriated to carry out such a program or to provide the staff at either the state agency level, university unit, or local school districts.

From the bureaucratic standpoint, the Drug Education component of the Office of the Superintendent of Public Instruction is federally funded to deal primarily with illicit drugs. However, to maintain credibility with students, alcohol must be honestly presented as the drug creating more problems in terms of human suffering and economic deprivation than all the other drugs put together.

In the Drug Education Curriculum Guide, alcohol is presented as one of the major categories of drugs; consequently, the Drug Education component and the State Audio-Visual Library have films and sound filmstrips on alcohol abuse.

The Drug Education Supervisor is expending the largest share of his time conducting Social Seminars on drugs. The Social Seminars are designed for teacher inservice education on illicit drugs, but the seminars are open-ended and the problem of alcohol abuse is usually presented and discussed.

A more formal and structured approach is being carried on by the Traffic Education component of the Office of the Superintendent of Public Instruction. Their curriculum guide has performance objectives that deal with the psychological, physical, social, legal, and statistical aspects of alcohol abuse. Alcohol is also approached in a similar but modified manner in the draft copy of the Bicycle Safety Curriculum.

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During the first session of the Forty-Third Legislative Assembly House Resolution #8 was introduced by Mr. R. Harper and Mr. Kimble. The Resolution is as follows:

A RESOLUTION OF THE HOUSE OF REPRESENTATIVES OF THE STATE OF MONTANA REQUESTING THE DEPARTMENT OF INSTITUTIONS TO CONSIDER ESTABLISHING A SPECIAL FACILITY FOR RECEIVING PATIENTS REQUIRING TREATMENT FOR ALCOHOLISM AND TO REPORT ITS FINDINGS TO THE LEGISLATIVE COUNCIL PRIOR TO THE 1974 SESSION OF THE FORTY-THIRD LEGISLATIVE ASSEMBLY.

WHEREAS, the only state institution which currently receives patients for treatment of alcoholism is at the state hospital at Warm Springs, and

WHEREAS, many people badly in need of care for alcoholism associate a stigma with the state hospital at Warm Springs which makes it undesirable for them to submit themselves for treatment there, and

WHEREAS, many more people could receive the treatment for alcoholism they so badly need if additional facilities were available to them.

NOW, THEREFORE, BE IT RESOLVED BY THE HOUSE OF REPRESENTATIVES OF THE STATE OF MONTANA:

That the department of institutions is requested to study the question of establishing an independent receiving hospital at Galen



which would be for the treatment of alcoholics, and

BE IT FURTHER RESOLVED, that the department of institutions is requested to investigate the possibility of using some part of the present tax on liquor to fund the additional facility, and

BE IT FURTHER RESOLVED, that the department of institutions is requested to submit a report of its findings and recommendations to the legislative council prior to the 1974 session of the forty-third legislative assembly.

On December 11, 1973, Mr. Edwin G. Kellner, Director, Department of Institutions, transmitted the results of the study requested in House Resolution Number 8 to the Legislative Council. Text of that report is as follows:

C O P Y

House Resolution No. 8 of the 1973 Session of the 43rd Legislature "requests the Department of Institutions to study the question of establishing an independent receiving hospital at Galen which would be for the treatment of alcoholics, . . . . ."

This has been done and it is considered to be feasible in the event the legislature passes legislation which would permit Warm Springs State Hospital to be by-passed for the treatment of alcoholics.

However, this is not a simple or clearcut solution to a complex problem. To begin with there probably never was nor ever will be a "pure alcoholic", i.e. someone who drinks simply because he likes the taste of alcohol. The excessive and uncontrolled drinking can be related to a wide range of behavioral problems. That is why Warm Springs State Hospital has been the logical place for this type of patient to be first admitted so they can be evaluated as to the whole spectrum of their psychological, sociological and physiological problems. Warm Springs State Hospital presently screens these patients and only those who appear to be properly motivated and psychologically capable of benefiting from the Alcoholic Treatment program are sent on to Galen.

During 1972, 1,716 persons were admitted to Warm Springs State Hospital. Of these 878 or 51% of the total, were referred as alcoholic. These 878 patients were interviewed by the Center's counseling staff and 559 were accepted into the Alcohol Treatment and Rehabilitation Program. This is 64% of the total number referred to the Center or 33% of the total influx of patients to Warm Springs State Hospital for all causes.

If provisions are made for the patient who could be expected to benefit from the program to get to Galen that institution could receive, house and care for him although it is felt that the treatment program itself should remain under the direction of the Superintendent of Warm Springs State Hospital.

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One floor of one wing of Galen State Hospital is presently unused and would be adequate for receiving and treating alcoholics in the early stages of admission. The staff dormitory, presently being used to house and treat those who are accepted into the program has a considerable amount of unused capacity and could readily absorb additional patients.

Based upon the estimate of an average of 25 alcoholic patients in the hospital the estimated monthly cost of staffing and operating that portion of the program would be as follows:

1 Physician	\$ 2,225
3 Registered Nurses 4-4/5 @ \$753	3,638
6 Nurses Aides 9-2/5 @ \$423	3,976
2 Custodial Workers 2-2/5 @ \$405	972
1 Food Service Worker 1-3/5 @ \$390	<u>624</u>
	\$ 11,435
+ 17% Employee Benefits	<u>1,944</u>
	\$ 13,379
Food @ 22¢ a meal	\$ 495
Drugs	350
Laundry Supplies	40
X-Ray Supplies	40
Utilities	150
Laboratory & Social Services	75
Contracted Services	25
Housekeeping & Food Service Supplies	150
Linen	100
Maintenance Supplies	<u>200</u>
Grand Total	<u>\$ 15,004</u>
Annually	<u>\$180,048</u>

It is assumed that the stigma which appears to be attached to a commitment to Warm Springs State Hospital would not be present at Galen and if this is the case the program would probably stabilize at capacity which would be 100 patients at any one time. The additional staffing and operational costs to accommodate that number of patients would amount to approximately \$106,000 annually. This added to the \$180,000 for the new hospital program at Galen would amount to \$286,000 per year additional cost to the program which is already costing about \$133,000 per year and would not be expected to change.

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Present program	\$ 133,000
Cost related to increased patient load	100,000
Cost of Galen as receiving hospital	<u>180,000</u>
Total annual cost of proposed program	<u>\$ 419,000</u>

For this \$419,000 per year approximately 1,000 patients could be treated annually. In addition a nonrecurring expenditure for equipment such as beds, mattresses, bedding, chairs and laboratory in the amount of \$44,640 would be required.

While the physical plant at Galen State Hospital could accommodate this plan it is obvious that the cost would be considerably greater. The number of patients which could be treated would increase by about 30%, while the cost of the program would increase approximately 200%.

There is also the possibility that the facilities at Galen may be inadequate to meet the demands of both that program and that at Warm Springs State Hospital which can be expected to continue to receive commitments through the courts and other agencies. This could require a duplication of the Galen program at Warm Springs State Hospital or elsewhere.

If the legislature should decide that this program has merit it might be advisable to start off with a small scale pilot program which would allow evaluation of all aspects of the program.

The second part of the resolution requests the Department to investigate the possibility of using some part of the present tax on liquor to fund the additional facility.

This Department is not staffed for that type of study in any depth, but there is attached a copy of the South Dakota law which provides for a portion of the liquor tax to support alcohol programs. That law has been in effect since July 1, 1972, and total receipts from that date until September, 1973, have totaled \$168,701.68.

Also attached is a listing of states which have adopted the Uniform Alcohol Intoxication Treatment Act, are considering such legislation or dedicate liquor revenue to alcoholism programs.

Respectfully submitted,

/s/

Edwin G. Kellner  
Director

EGK/mjr  
Enc.

ADDE/DIES 12/73

CHAPTER 201

(H.B. 714)

INCREASING TAX ON CERTAIN ALCOHOLIC BEVERAGES  
FOR USE BY DIVISION OF ALCOHOLISM

AN ACT Entitled, An Act to amend subsection (1) and (6) of SDCL 35-5-3, relating to the occupational tax on alcoholic beverages and to dedicate a portion of such funds to the state division of alcoholism.

Be It Enacted by the Legislature of the State of South Dakota:

Section 1. That subsection (1) of SDCL 35-5-3 be amended to read as follows:

- (1) Beer in excess of 3.2 per cent alcohol by weight, eight dollars and thirty cents per barrel of thirty-one gallons, or a prorata portion thereof in accordance with the size of the bulk container;

Section 2. That subsection (6) of SDCL 35-5-3 be amended to read as follows:

- (6) All other alcoholic beverages not herein before specified, three dollars and five cents per gallon.

Section 3. The additional thirty cents per barrel provided by section 1 of this Act and the additional five cents per gallon as provided by section 2 of this Act shall be deposited by the state treasurer in a special fund known as the alcoholism prevention, treatment and rehabilitation fund, which fund shall be administered by the division of alcoholism in accordance with SDCL 27-3-22.

Approved February 15, 1972.

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## THE UNIFORM ALCOHOLISM & INTOXICATION TREATMENT ACT

The Montana State Plan for Alcohol Abuse & Alcoholism Prevention, Treatment and Rehabilitation for Fiscal Year 1972 listed as one of its six priorities the enactment and implementation of the Uniform Alcoholism & Intoxication Treatment Act, as drafted by the National Conference of Commissioners on the Uniform State Laws. A great number of persons in the State of Montana, including the Alcoholism Programs of Montana, Inc., the Montana State Jaycees, and the Montana Association for Social Concerns, the Montana AFL/CIO, and the State Board of Health, The League of Cities and Towns, and others, have all endorsed the concept of the Uniform Alcoholism & Intoxication Treatment Act. It will be the policy of the State of Montana that alcoholics and intoxicated persons may not be subjected to criminal prosecution because of their consumption of alcoholic beverages but rather should be afforded a continuum of treatment in order that they may lead normal lives as productive members of society.

Through the auspices of the Alcoholism Programs of Montana, Inc., and others, a request was made to the State Legislative Council by Mr. Fasbender, House Majority Leader, to have a draft prepared of a bill entitled: "An Act Adopting the Uniform Alcoholism & Intoxication Act, amending section 4-201, 11-927, 69-6203, 80-2404, and 94-8-105, R.C.M. 1947, and repealing sections 4-164, and 69-6202 R.C.M., 1947". This draft was prepared by the Legislative Council and is being reviewed and discussed by a great number of people at the time of this writing. It is anticipated that it will be introduced into the 43rd Legislative Assembly, which will convene its second session on January 7, 1974.

One of the aspects of the enactment of such a law is the anticipation of the need for utilization of state and local funds for the support and operation of local and state alcoholism program activities. A portion of the proposed legislation would call for utilization of liquor tax revenues to support such activity. At the current time discussions are being carried out as to what level of funding will be requested of the legislature concerning this particular area.

We are also aware that legislation pending in the Congress of the United States at this time in Mr. Rogers bill (HR-10019) and its subsequent revision HR-11387, and Mr. Hughes bill in the Senate (S-1125) would create a new grant authority as an incentive for states to adopt the Uniform Act decriminalizing public drunkenness. This

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incentive would allow grants up to \$100,000 plus an amount equal to 10% of the state's formula grant allotment. Such grants would be limited to cover only those costs incurred by a state in implementing the Uniform Act. As we interpret this, this would mean the State of Montana would stand gain up to \$120,000 through the auspices of such a grant mechanism should we enact the Uniform Intoxication & Treatment Act.

The states which have adopted the Uniform Intoxication & Treatment Act at this time are:

- |                         |                  |
|-------------------------|------------------|
| 1. Alaska               | 10. Minnesota    |
| 2. Arizona              | 11. Nevada       |
| 3. District of Columbia | 12. Mexico       |
| 4. Florida              | 13. North Dakota |
| 5. Hawaii               | 14. Ohio         |
| 6. Kansas               | 15. Oregon       |
| 7. Maine                | 16. Rhode Island |
| 8. Maryland             | 17. Washington   |
| 9. Massachusetts        |                  |

The state legislatures which have been considering the law or similar legislation are:

- |                   |                  |
|-------------------|------------------|
| 1. Alabama        | 8. Nebraska      |
| 2. Colorado       | 9. New Hampshire |
| 3. Connecticut    | 10. New Jersey   |
| 4. Illinois       | 11. New York     |
| 5. South Carolina | 12. Iowa         |
| 6. Texas          | 13. Michigan     |
| 7. Virginia       | 14. Wisconsin    |

The states which dedicate liquor revenue to alcoholism programs are:

- |                         |                                   |
|-------------------------|-----------------------------------|
| 1. Alabama              | appropriation from liquor revenue |
| 2. District of Columbia | license fees                      |
| 3. Indiana              | license fees                      |
| 4. Michigan             | special tax                       |
| 5. North Carolina       | special tax                       |
| 6. Ohio                 | license fees                      |
| 7. South Carolina       | special tax                       |
| 8. South Dakota         | special tax                       |
| 9. Vermont              | appropriation from liquor revenue |
| 10. Virginia            | percent of profits                |
| 11. Washington          | license fees & percent of profits |
| 12. Wisconsin           | appropriation from liquor revenue |

Source: National Clearinghouse for Alcohol Information

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## OPERATIONAL CONFERENCE ON ALCOHOL ABUSE AND ALCOHOLISM

A three day "Operational Conference" on alcohol abuse and alcoholism was planned and conducted at the Alcoholism Treatment Center at Galen on August 16, 17 & 18, 1973. One hundred and twenty seven people interested in and concerned with alcoholism participated in the conference.

The conference was planned at the request of "many concerned citizens, citizens' groups and members of Alcoholics Anonymous" who requested the Alcoholism Treatment Center to host a conference on alcohol abuse and alcoholism. In response to those requests, using subject matter provided by those citizens and groups, this Montana Alcoholism Services Center acted as host for physical accommodations only. The Center neither opposed nor endorsed any plan that had been noted or had been presented at this conference.

The planners of the meeting set up a number of small working committees to address "critical issues". Those issues are as follows:

### Item 1

- A. How many treatment centers for alcoholism should there be in Montana?
- B. Should each city, county, area, or other have an alcohol counseling and referral center?
- C. What role does the veterans' hospital play in helping the Montana alcoholic? Do the veterans utilize them?

### Item 2

- A. What are the qualifications for counselor - alcoholism?
- B. Should they be certified by the state?
- C. Who (will) employ them?

### Item 3

- A. Is the halfway house needed in Montana?
- B. What are their functions and purposes?

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Item 4

- A. Can a complete follow-up program for the alcoholic (after treatment) be formulated?
- B. What is the role of vocational rehabilitation in a follow-up program?

Item 5

- A. How and where can help be given to the alcoholic and drug user in the same program?
- B. Can Montana afford completely separate treatment centers?
- C. Does the information and education on drugs and alcoholism now available to the public promote or discourage their use?

Item 6

- A. Discussion of House Resolution No. 8 independent receiving hospital at Galen for the treatment of alcoholism.

Item 7

- A. Should there be a state insurance plan to serve all citizens for alcoholism?
- B. If so, should this money come from state alcohol sales?
- C. Then, who is responsible for treating the transient alcoholic?

Item 8

- A. Discussion of chapter 348, Montana Session laws 1973 House Bill 270. "If alcohol or other drugs are involved the court may impose such rehabilitative measures as it deems advisable under the circumstances."
- B. Parole and alcoholism programs.

Item 9

- A. What service and role can the citizen play in the communities of Montana in support of recovery, educational or

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other programs in bringing the drinking alcoholic to recovery?

- B. Can an educational process in the schools, home and community detect and prevent alcoholism?

The summary and recommendations of the various working committees are included in the report prepared by the Alcoholism Services Center and distributed to those persons who participated in the meeting. That report is 25 pages in length, and does not lend itself easily to summarization.

Many of the issues discussed were not discussed exclusively by one group, but were found in a number of group reports. An example of this was the discussion of the need for utilization of a portion of the liquor tax revenue to support alcoholism program activities in the state. There were differences regarding the amount of monies to be needed, and the methodology for getting those monies to programs. Another area in which there was considerable variation was in the definition of need for services, the types of services, and the location of those services. Full copies of the "committee reports" from the conference are available from the Alcoholism Services Center at Galen State Hospital, and are on file in the Bureau.

One of the recommendations of the conference was that the Alcohol and Drug Dependence Bureau sponsor a conference to discuss training and certification of alcohol program personnel. The Bureau agreed to do this and began preliminary activities to arrange such a meeting. However, a number of scheduling conflicts arose. It is the intent of the Bureau to follow through on this recommendation and call such a conference early in calendar year 1974.

Another area that brought forth an almost unanimous recommendation was the transfer of the admission procedure to the State Alcoholism Services Center from the Warm Springs State Hospital to the Galen State Hospital. The conference participants felt that the stigma attached to a psychiatric admission to the State Mental Hospital was keeping a great number of persons away from alcoholism treatment and rehabilitation. The House Resolution Number 8, around which this discussion centered is mentioned elsewhere in this plan.

Comments have been made since the conference that similar conferences and activities are ongoing in various communities. However, the Bureau is not aware of such activity.

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## "OPERATION THRESHOLD"

OPERATION THRESHOLD is a national program on responsible drinking being conducted by the United States Jaycees. The program is funded under a grant from the National Institute on Alcohol Abuse and Alcoholism. The National Jaycees encourage local chapters to conduct various types of alcoholism programming in their states and communities. As an encouragement for such activity, small grants-in-aid in terms of seed monies have been made available to local Jaycees organizations.

In Montana, Mel Vegge of Havre is the Montana Jaycees OPERATION THRESHOLD Chairman. Close contact has been maintained with him during the last several months. A seminar on alcoholism activities and program needs in the state was conducted at the fall board meeting of the Montana Jaycees, held in Big Fork.

During the 1973 Fiscal Year (7/1/72 to 6/30/73) Montana Jaycees Chapters received \$1,050 in OPERATION THRESHOLD grants. Those communities and the amounts awarded are shown in the following table:

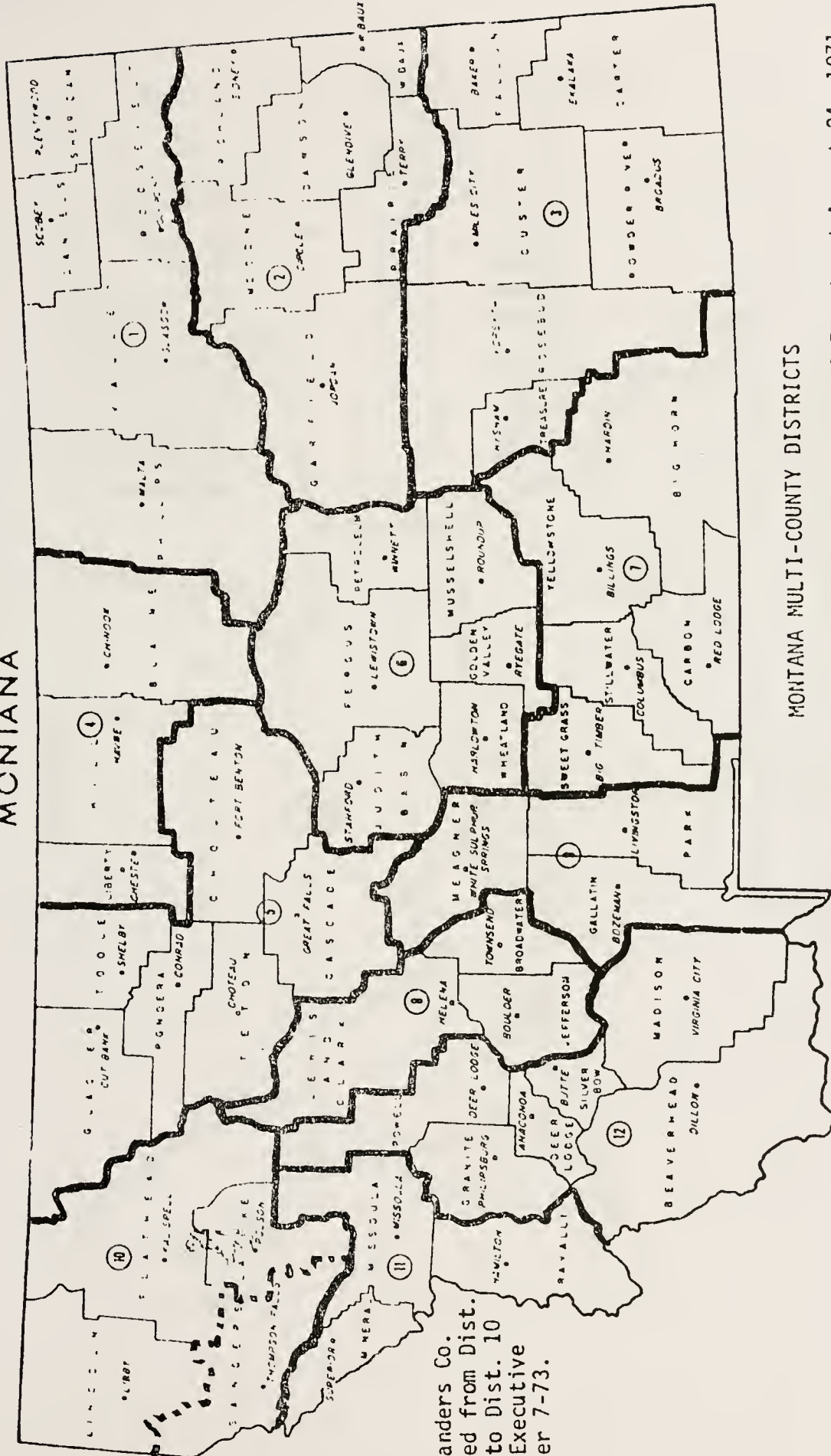
Baker	Public Awareness Campaign	\$ 50.00
Helena	Other--Training Program	300.00
Havre	Public Awareness Campaign	500.00
Poplar	Public Awareness Campaign	200.00
		<u>\$1,050.00</u>

During Fiscal Year 1974 (7/1/73 to 6/30/74) the following amounts have been awarded by the National Jaycees to Jaycee chapters in Montana:

Billings	Public Awareness Campaign	\$ 150.00
Bozeman	Public Awareness Campaign	100.00
Butte	Public Awareness Campaign	150.00
Fairview	Public Awareness Campaign	100.00
Glasgow	Public Awareness Campaign	50.00
Havre	Public Awareness Campaign	135.00
Havre	Other--Training Programs	200.00
Havre	Uniform Alcoholism Act	150.00
Helena	Public Awareness Campaign	50.00
Helena	Board Training Seminar	150.00
Miles City	Public Awareness Campaign	50.00
State	Public Awareness Campaign	500.00
		<u>\$1,785.00</u>

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# MONTANA



Sanders Co.  
moved from Dist.  
11 to Dist. 10  
by Executive  
Order 7-73.

## MONTANA MULTI-COUNTY DISTRICTS

Established by Executive Order 2-71, dated August 24, 1971  
Amended by Executive Order 7-73, dated October 29, 1973

ADMINISTRATIVE REGIONS  
(COUNTIES)

Region I

Carter  
Custer  
Daniels  
Dawson  
Fallon  
Garfield  
McCone  
Phillips  
Powder River  
Prairie  
Richland  
Roosevelt  
Rosebud  
Sheridan  
Treasure  
Valley  
Wibaux

Region II

Blaine  
Cascade  
Chouteau  
Glacier  
Hill  
Liberty  
Pondera  
Teton  
Toole

Region III

Big Horn  
Carbon  
Fergus  
Golden Valley  
Judith Basin  
Musselshell  
Petroleum  
Stillwater  
Sweet Grass  
Wheatland  
Yellowstone

Region IV

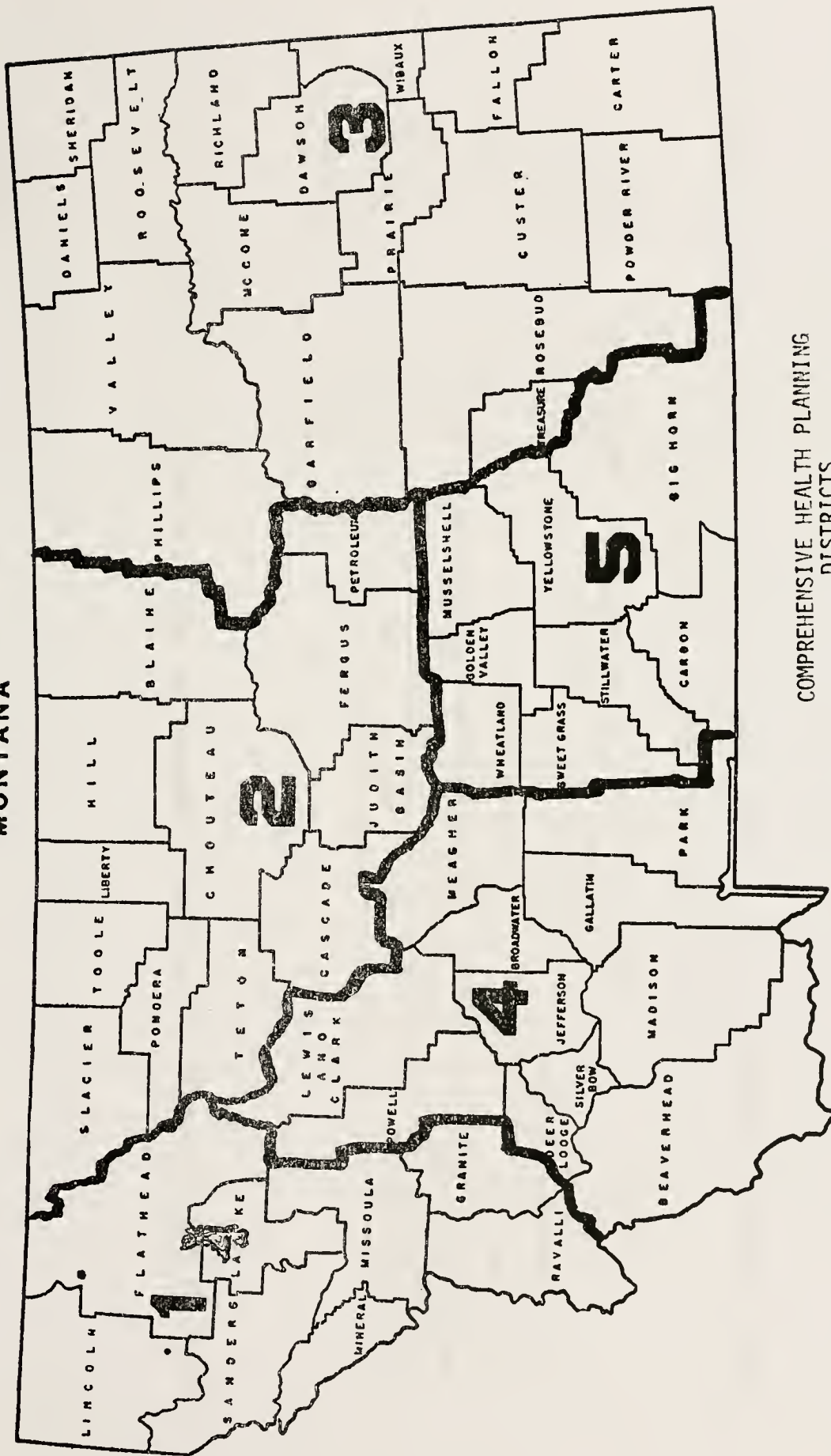
Beaverhead  
Broadwater  
Deer Lodge  
Gallatin  
Granite  
Jefferson  
Lewis & Clark  
Madison  
Meagher  
Park  
Powell  
Silver Bow

Region V

Flathead  
Lake  
Lincoln  
Mineral  
Missoula  
Ravalli  
Sanders

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# MONTANA



## COMPREHENSIVE HEALTH PLANNING DISTRICTS

- #1 - Northwest Montana Area-wide Health Planning Council
- #2 - North Central Montana Health Planning Council
- #3 - Action for Eastern Montana
- #4 - Southwestern Area-wide Health Planning Council
- #5 - South Central Regional Health Planning Council

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PROJECTED NUMBER OF WELFARE CASES, WITH ALCOHOLISM PROBLEMS, BY NUMBER AND CATEGORY, MONTANA, NOVEMBER 1973

ESTIMATES DERIVED FROM SAMPLING OF 1970 & 1973 DATA

CATEGORY	NUMBER OF CASES (Estimated)	AMOUNT PER CASE (Dollars)	MONTHLY TOTAL (Dollars)	YEARLY TOTAL (Dollars)
Aid to Dependent Children	1100	145	159,500	1,914,000
Aid to the Blind	11	86	946	11,000
Old Age Assistance	110	61	6,710	80,000
Aid to the Disabled	480	94	45,120	541,000
			212,276	2,546,000

Source: Statistical Research Bureau, Montana Department of Social & Rehabilitation Services

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APPLICATIONS FUNDED

DIVISION OF SPECIAL TREATMENT AND REHABILITATION PROGRAMS

DIVISION OF STATE AND COMMUNITY ASSISTANCE PROGRAMS

BY STATE

FTY:

- CA - Community Assistance
- AA - Occupational Alcoholism
- SS-A - Indian Program
- SS-B - Public Inebriate
- SS-D - Driv'ing Drivers
- SS-F - Surveys, Field & Target Population
- SS-P - Poverty Program

Terminology: OfO grants "requested" is not necessarily amount to be awarded.  
"Unfunded" denotes award statement not yet distributed.

December 1973

GRANT NO.	PROGRAM	TITLE OF GRANT	AMOUNT	START DATE	PRINCIPAL INVESTIGATOR	PROJECT PERIOD
R18 AA 00717	SS-A (OEO)	ROCKY BOY ALCOHOLISM PROGRAM	\$25,000 (01) (02)	1/1/73 1/1/74	Paul Mitchell Community Action Program Rocky Boy Route Box Elder, Montana 59521 Phone: 406-395-2596	1/1/73-12/31/74
R18 AA 00882	SS-A (OEO)	BLACKFEET TRIBAL BUSINESS COUNCIL - ALCOHOLISM PROGRAM	\$40,000 (01)	3/1/73	Leo Kennerly, Sr. Blackfeet Alcoholism Program Browning, Montana 59417 Phone: 406-338-7178	3/1/73-2/28/75
R18 AA 00628	SS-A (OEO)	CROW TRIBE ALCOHOLISM PROGRAM	\$30,000 (01)	5/1/73	Harold M. Stone Community Action Program Crow Agency, Montana 59022 Phone: 406-638-2631	5/1/73-4/30/75
R18 AA 00721	SS-A (OEO)	COMPREHENSIVE ALCOHOLISM SERVICES	\$25,000 (01) \$41,350 (01S1) (02)	1/1/73 unfunded 1/1/74	Harold Campbell Confederated Salish & Kootenai Tribes, Flathead Sub Agency Dixon, Montana 59831 Phone: 406-676-0441	1/1/73-12/31/74
R18 AA 00616	SS-P (OEO)	EASTERN MONTANA ALCOHOLISM PROGRAM	\$71,775 (01) \$71,775 (02)	12/1/72 12/1/73	Phil Sullivan Action for Eastern Montana Box 381 Glendive, Montana 59330 Phone: 406-365-4100	12/1/72-11/30/74
R18 AA 00109	SS-A (OEO)	COMMUNITY ALCOHOLISM SERVICES	\$44,964 (01) \$44,964 (02)	11/1/72 11/1/73	Stephen Fox, Sr. Fort Belknap Agency Harlem, Montana 59526 Phone: 406-353-2731	11/1/72-10/31/74
R18 AA 00615	SS-P (OEO)	COMMUNITY ALCOHOLISM SERVICES	\$44,000 (01) \$48,400 (02)	12/1/72 12/1/73	Herbert J. Bauer Hill County Comm. Action, Inc. 1020 Assiniboine Havre, Montana 59501 Phone: 406-265-9665	12/1/72-11/30/74
R18 AA 00118	AA	MONTANA STATE OCCUPATIONAL ALCOHOLISM PROGRAM	\$48,219 (01) \$48,132 (02)	6/1/72 6/1/73	Robert L. Solomon Alcohol & Drug Dependence Bur. Montana Dept. of Health & Environmental Sciences Helena, Montana 59601 Phone: 406-449-3176	6/1/72-5/31/75

GRANT NO.	PROGRAM	TITLE OF GRANT	AMOUNT	START DATE	PRINCIPAL INVESTIGATOR	PROJECT PERIOD
RL6 AA 00684	CA	ALCOHOLISM & DRUG ASSOCIATION OF SOUTHWESTERN MONTANA	\$136,696 (01) \$ 90,522 (02)	5/1/72 5/1/73	Dr. John W. McMahon Alcoholism & Drug Assn. of SW Montana 216 N. Ewing Helena, Montana 59601 Phone: 406-442-9393 or 442-8831	4/1/71-3/31/80
RL8 AA 00653	SS-A (OEO)	NORTHERN CHEYENNE ALCOHOLISM PROJECT	\$56,409 (01) (02)	12/1/72 12/1/73	August Bighead Northern Cheyenne Tribal Council P.O. Box 381 Lame Deer, Montana 59043 Phone: 406-477-6381	12/1/72-11/30/75
RL6 AA 00108	SS-A (OEO)	FORT PECK ALCOHOLISM PROGRAM	\$33,223 (01) \$23,766 (01S1) \$33,223 (02)	10/1/72 unfunded 10/1/73	Jack A. Pipe Assiniboine-Sioux Tribes CAA P.O. Box 307 Poplar, Montana 59255 Phone: 406-768-3852	10/1/72-9/30/74



ALCOHOLISM PLANNING SECTION (Continued)

Agency Reporting \_\_\_\_\_

(G) <u>All</u> Clients-Patients Income Level				(H) Status of <u>All</u> Clients-Patients			
				STATUS	MALES	FEMALES	TOTAL
<u>MALES</u>				Number Retained by Agency For Additional Services			
Number Married				Number Referred to A.A.			
Number Single or Separated				Number Referred For Other Alcoholism Services			
Number Divorced				Number Referred For Other Services: 1. Job Placement 2. Financial Assistance 3. Legal Assistance 4. Other (Specify)			
Number Widowed							
<u>FEMALES</u>							
Number Married							
Number Single or Separated							
Number Divorced							
Number Widowed							
TOTAL				Services Discontinued: Number by Agency Number by Client-Patient			
(I) <u>All</u> Clients-Patients Veterans Status	Veteran	Non-Veteran	Eligible For Veteran's Benefits	Number Deaths			
Number Males				Number Unknown			
Number Females				TOTAL			
TOTAL							



Agency Reporting \_\_\_\_\_

(J) Education and Training	
1. Number of Speeches by Staff and Volunteers Estimated Total Audience	_____
2. Number of Radio Programs (Spots, Interviews, etc.) Initiated by This Agency	_____
3. Number of T.V. Programs (Spots, Interviews, etc.) Initiated by This Agency	_____
4. Number of Workshops, Seminars, In-Service Training Programs, etc. Conducted Estimated Number of Participants	_____ _____
5. Number of Pieces of Literature Distributed	_____
6. Number of Films, Filmstrips, Tapes, etc., Loaned	_____
7. Number of Schools, Conference, etc., Attended by Staff Number of Staff Members Attending	_____ _____
Other Education and Training Activities not Reported Above: _____ _____ _____ _____	
Comments: _____ _____ _____ _____	

(K) Counseling - Consultations	
1. Number of Family Member Counseling Sessions Number With Patient-Client Included Number Without Patient-Client Grand Total Participants In Sessions	_____ _____ _____ _____
2. Consultations Provided (Management, Labor, Clergy, Teachers, etc.)	_____

(L)	Program-Related Contacts Other Than Client-Patient (Informational-Educational Contacts)	Number of Contacts
Industry .....		_____
Labor .....		_____
Clergy .....		_____
Legal Agencies .....		_____
Social Agencies .....		_____
Medicine .....		_____
Schools .....		_____
Health Agencies .....		_____
Other (Specify) A. _____		_____
B. _____		_____
C. _____		_____
D. _____		_____
Total		_____



